



To believe, to achieve, to succeed – together

After School Club Registration

Your Name		
Address		
Post Code		
Daytime Telephone No		
Evening Telephone No		
Mobile No		

Name of Child:	DOB:
Name of Child:	DOB:
Name of Child:	DOB:

Days	Monday	Tuesday	Wednesday	Thursday	Friday
3.15 – 4.15					
3.15 – 5.15					
4.15 – 5.15					
4.15 – 6.00					
3.15 – 6.00					

Sessions	Cost (1 child) per session	Cost (2+ children) per session
3.15 – 4.15	£3.50	£3.00
3.15 – 5.00	£6.00	£5.50
4.15 – 5.00	£3.50	£3.00
4.15 – 6.00	£6.00	£5.50
3.15 – 6.00	£8.00	£7.50

Signed	
Dated	

Please return this form to school office or call 01869 810 727 with any queries

All fees are payable in advance. The following methods of payment are accepted: bank transfer, standing order, childcare vouchers, cash or cheque. For last minute cancellations due to illness, the day rate will be carried forward. A 10% late payment charge will apply. Failure to pay your fees will result in your child's place being terminated without notice.

Late Collection

Continuous late collection will incur a charge of £5.00 for the first 15 minutes per child and a further £5.00 for every 5 minutes following.

Croughton All Saints CE Primary
After School Club

<i>Name of child:</i>
<i>Address:</i>
<i>Home Telephone:</i>
<i>Date of Birth:</i>
<i>Does child reside with both parents:</i>
<i>Court orders in place:</i>
<i>Child's Password</i>

<i>Name:</i>
<i>Relationship to Child:</i>
<i>Address:</i>
<i>Daytime Telephone:</i>
<i>Mobile Telephone:</i>
<i>Email:</i>
<i>Occupation:</i>
<i>Parental Responsibility: Yes/No</i>

Name:
Relationship to Child:
Address:
Daytime Telephone:
Mobile Telephone:
Email:
Occupation:
Parental Responsibility: Yes/No

Name:
Relationship to Child:
Address:
Daytime Telephone:
Mobile Telephone:
Email:
Occupation:
Parental Responsibility: Yes/No

Doctor's Name:
Health Visitor's Name:
Address:
Telephone No:
Allergies:
Any Medication:
Does child have any special needs:
Specific Dietary Requirements:
Other relevant information:

Emergency Contact 1:
Address:
Daytime Telephone:
Mobile Telephone:
Relationship to Child:

Emergency Contact 2:
Address:
Daytime Telephone:
Mobile Telephone:
Relationship to Child:

<i>Who has permission to collect your child</i>
1.
2.
3.
4.
5.

Please read the following points carefully. Your signature means you understand and agree to them all.

- I confirm that the information provided is true and has been completed to the best of my knowledge.
- In case of emergency, it may be necessary to seek medical assistance. We would ask that in such instances you would allow us to call an ambulance if we felt it necessary to do so. We would notify you immediately and arrangements would be made to meet you there.
- I will provide a clearly named sun cream for outdoor play in the spring/summer months.
- If my child becomes unwell with a rising temperature whilst attending the club, I give permission for staff to administer the recommended dosage of Calpol/Nurofen to my child. The club will contact the parent prior to giving the medicine.

Signed: _____

Date: _____

Parent/Carer Full Name: _____