



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 – 4.30					
3.15 – 5.40					

Sessions	Cost (1 child) per session	Cost (2+ children) per session
3.15 – 4.30	£5.00	£4.00
3.15 – 5.40	£8.00	£7.00

Signed	
Dated	

Please return this form to school office or call 01869 810727 with any queries

All fees are payable in advance using either the School Money on-line booking system, direct transfer to account no 19668260 or childcare vouchers. For last minute cancellations due to illness, the day rate will be carried forward.

Late Collection

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.

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>

<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>

<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>

<i>Doctor's Name:</i>

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

<i>Emergency Contact 1:</i>
<i>Address:</i>
<i>Daytime Telephone:</i>
<i>Mobile Telehone:</i>
<i>Relationship to Child:</i>

<i>Emergency Contact 2:</i>
<i>Address:</i>
<i>Daytime Telephone:</i>
<i>Mobile Telehone:</i>
<i>Relationship to Child:</i>

<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 immediate 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.
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Signed : _____ Date: _____

Name : _____