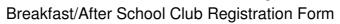
## **Acle St Edmund C of E Primary School**





## **Child's Details**

Name		Current year gr	ัดมด	Date of Birth
		gan om your g.	Сар	
I wish to register my child for (plea	ase tick):	1		
☐ Breakfast Club	,			
☐ After school club				
☐ Breakfast and After	r echool Club			
Dieakiast and Aite	Scriool Olub			
Parent/Carer Details				
Name		Name		
Work telephone number:		Work telephone number:		
Mobile number:		Mobile number:		
Home telephone number:		Home telephone number:		
Emergency contacts (please provare not able to contact you)  Name	Relationship		•	Number
Address			Other <sup>-</sup>	Telephone Number:
, tad. 000			O (1.10)	
Name	Relationship to Child		Mobile Number	
Address		C	Other Telephone Number:	
Details of Child's Doctor				
Name of Doctor				
Name of Doctor's Surgery		Telephone Number:		
I give permission for a member of	staff to admini	ster appropriate	first aid	d if required.
I give permission for a member of staff to seek any necessary emergency medical advice or treatment in the event that my child is involved in a serious accident. I expect to be contacted immediately on the above telephone numbers.				
Signed				

## **About Your Child**

Please detail any additional/special needs:
Please detail any allergies/medical needs:
Please detail any dietary requirements:
Any additional information:

- I consent to my child attending this club. I understand that the club has policies and procedures and there are expectations and obligations relating to the conduct of myself and my child and I agree to abide by them. I understand that failure to do so will mean that my child will no longer be able to attend the club.
- I consent to my child taking part in food activities and outdoor play. Photography permission will be the same as that given for school activities.
- Once my child is delivered/collected for breakfast/after school club he/she will be in the care of the staff until collected and signed out by a 'named' responsible adult.
- I will inform the school office if my child will not be attending the club on a day that he/she is booked in to the club.
- I will pay promptly for sessions even when my child does not attend, unless other arrangements have been made with the supervisor/headteacher.

## **Terms and Conditions**

- I understand that persistent late or non-payment of fees may jeopardise my child's place.
- If my child is not collected by 6pm I will pay a charge of £5 per quarter of an hour to cover the costs of the two staff who are legally required to stay.
- If my child remains at 6.30pm, after doing everything possible to contact parents and emergency contacts, then I understand that the after school club staff will be legally required to contact Social Care.
- I confirm that the information given on this form is correct and agree to notify the club of any changes in detail.
- I have read and, in signing this form, accept the above conditions for my child attending the breakfast/after school club.

Signature of Parent/Carer	Date
Please print name	