

Acle St Edmund C of E Primary School

Breakfast/After School Club Registration Form



Child's Details

Name	Current year group	Date of Birth
------	--------------------	---------------

I wish to register my child for (please tick):

- Breakfast Club
- After school club
- Breakfast and After school Club

Parent/Carer Details

Name	Name
Work telephone number:	Work telephone number:
Mobile number:	Mobile number:
Home telephone number:	Home telephone number:

Emergency contacts (please provide details of at least one other person we can phone if we are not able to contact you)

Name	Relationship to Child	Mobile Number
Address		Other Telephone Number:

Name	Relationship to Child	Mobile Number
Address		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 administer appropriate first aid 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.....