

Details of person able to collect your child in case of an emergency

1. Name

Address

Phone number (day / evening)

Medical information

Name of child's doctor

Address

Telephone number

Does your child have any known medical problems (including asthma/eczema). Please list

Does your child have any special needs. Please list

Is your child's immunisation up to date (polio, MMR, Tetanus,etc)?

Does your child have any allergies?

Does your child have any dislikes?

Does your child have any special dietary , religious or cultural requirements?

On which days will your child attend the club?

After school. Please tick appropriate box(es)

Monday

Tuesday

Wednesday

Thursday

Friday

Start date

Any other information you feel may be relevant?

Consent

I hereby give consent for the staff to authorise any medical treatment my child may need if I cannot be contacted. I agree to my child going directly to hospital should it be necessary.

Signed

Date

I understand that I have to pay my fees even if my child does not attend his/her allocated sessions and the club is open.

I hereby agree to give 4 school term working weeks notice if I cancel my child's place at St Bede's After School Club.

I agree to pay for those weeks whether my child attends the club or not.

Signed

Date

As part of our day to day activities at the club, we occasionally take photographs of the children working and playing. These may or may not be used in a display.

I agree / do not agree to allow my child to be photographed whilst at the club.

Signed

Date

For security purposes, if any person other than parents collect a child we require a password. This will be strictly confidential.

Please give information about who has legal contact with the child stated on the registration form.