



## REGISTRATION FORM

### ST SAVIOUR CE PRIMARY SCHOOL BREAKFAST AND AFTERSCHOOL CARE CLUB

Child's full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Preferred Name \_\_\_\_\_ Class \_\_\_\_\_

Home address

\_\_\_\_\_  
\_\_\_\_\_

Name of Parent/Carer 1	Name of Parent Carer 2
Relationship to Child	Relationship to Child
Address if different to child	Address if different to child
Home Contact Number	Home Contact Number
Mobile Contact Number	Mobile Contact Number
Work Contact Number	Work Contact Number

Password (to be used by person other than you collecting your child) \_\_\_\_\_

#### FOR EMERGENCIES

Contact Name \_\_\_\_\_

Telephone Numbers

\_\_\_\_\_

Name, address and phone number of anyone else who may drop/collect the child for any reason

\_\_\_\_\_

\_\_\_\_\_

Childs Doctor \_\_\_\_\_ Telephone No \_\_\_\_\_

Doctors address

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Does your child have any medical conditions? Yes / No

If yes please indicate any special requirements

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Is your child taking medication on a regular basis i.e inhaler, hay fever, diabetes

Does your child have any Allergies Yes / No

Please give details i.e Nut Allergy, Dairy Intolerance, Penicillin, Plasters etc

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**PARENTAL CONSENT**

I give permission for my child.....to attend the ASCC and to join in any activity indoor or outdoor. I agree to the ASCC acting on my behalf while my child is in their care.

I have read the terms and conditions and agree to abide by the criteria and all guidelines of the ASCC. I am aware that the Afterschool and Breakfast Club policies are available to me, from any member of staff.

*I CONSENT TO ANY EMERGENCY MEDICAL TREATMENT THAT MAY BE NECESSARY DURING THE RUNNING OF THE CLUB, AND WHERE DELAY IN OBTAINING MY SIGNATURE COULD ENDANGER MY CHILD'S HEALTH OR SAFETY, I GIVE AUTHORISATION OF STAFF TO SIGN ANY FORM OF CONSENT REQUIRED BY MEDICAL STAFF* YES/NO

*I GIVE PERMISSION FOR THE USE OF AN APPROPRIATE PLASTER/DRESSING TO CUTS/ GRAZES.* YES/NO

*I GIVE CONSENT FOR MY CHILD TO WATCH U & PG VIDEOS OR DVDS UNDER THE SUPERVISION OF THE ASCC STAFF* YES/NO

*I GIVE CONSENT FOR MY CHILD TO HAVE THEIR FACE PAINTED* YES/NO

*I CONSENT TO THE PUBLICATION OF MY CHILD'S PHOTOGRAPH WHETHER OR NOT WITH THEIR NAME OR ANY TEXT, CAPTIONS, ILLUSTRATIONS. I THE PARENT/CARER RELEASE THE PHOTOGRAPHER FROM ANY LIABILITY FOR SUCH USE IN ANY MEDIA. I UNDERSTAND THAT ANY IMAGES WILL BE UNDER THE DIRECTION OF THE ASCC MANAGER.* YES/NO

PARENT/GUARDIANS SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
PRINT NAME \_\_\_\_\_

**CHILDRENS INDIVIDUAL NEEDS**

Please fill in this section with your child, telling us anything else that you think we should know, e’g religious requirements, dietary requirements, behaviour, family situation, communication etc

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**OUR COMMITMENT TO QUALITY**

We aim to provide good quality affordable childcare.  
To have qualified staff that are child centred and approachable for children and parents.  
To ensure the scheme is warm and welcoming at all times.  
Where children have a range of activities to choose from.  
We are committed to consulting with children and parents on a regular basis and make any appropriate changes when needed.  
We are committed to constantly evaluating and improving our quality of service.

**EVALUATING OUR SERVICE**

From time to time we may send out questionnaires for you and your child/children to complete. This is so we can find out what we might need to change, and what works well. There could be changes that you would like to see, or things that your child/children want to change. We know how busy you are so we will try to keep the questionnaires brief, but they are important if we are to maintain our quality of service.

Thank you for taking the time to complete these forms. If you have any problems or queries please do not hesitate to bring this to the attention of the ASCC staff.