

**Greenhead CE 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
<u>Home Address</u>
Telephone:
<u>Work Address</u>
Telephone:
Mobile Number:
Email Address

Name
<u>Home Address</u>
Telephone:
<u>Work Address</u>
Telephone:
Mobile Number
Email Address

Alternative Emergency Contact Details (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	
Address of Surgery	Telephone Number

### About Your Child

Please detail any additional/special needs:
Please detail any medical needs including details of any medication:
Please detail any allergies:
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 understand that my child will be provided with a snack and drink whilst at the club unless otherwise requested.
- 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.
- I accept that whilst at the club my child may get involved in messy activities.

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.....

### 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 5pm 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 6pm, 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 understand that staff cannot be held responsible for any lost or stolen items.
- I understand that should there be any incidents at either the breakfast club or after school club involving my child, I will be informed of the situation.
- I understand that the school's and club's policies will apply to both the breakfast and after school clubs.
- I understand that the information given on this registration form is confidential. However, there may be times, for example in the case of child protection concerns, when details may be passed to other agencies in line with the child protection policy.
- 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.

I give permission for the named child to:

- play in the school grounds with supervision
- be face painted
- take part in individual / group photos
- for photos to be used for promotion ie. Newspaper etc

Signature of Parent/Carer.....Date.....

Please print name.....