

Thriplow After School Club Registration Form

Child's Details

Surname:	First Name:	What they like to be called:
Date of birth:	School they attend:	Language:

Parents/Guardian Details

Name:			Name:		
Home Address:			Home Address:		
Work Address:			Work Address:		
Home Number:	Mobile Number:	Work Number:	Home Number:	Mobile Number:	Work Number:
Email Address:			Email Address:		

Alternative Emergency Contact Details (Please provide the details of at least one person we can contact if we are not able to get hold of you.)

Name:	Telephone number:	Mobile Number:
Address:		Relationship to the child:
Name:	Telephone number:	Mobile Number:
Address:		Relationship to the child:

Details of Child's Doctor

Name of Doctor:	
Address:	Telephone:

About your Child

Please detail any additional/special needs your child has: (Please provide full details.)
Please detail any medical needs your child has: (Please provide full details; if medication is needed an additional medication form will need to be completed.)
Please detail any allergies your child has: (Please provide full details.)

Please detail any dietary requirements for your child: (Please provide full details.)
What are your child's favourite activities?
Is there anything your child doesn't like (food, games etc) or is scared of?
Any additional information:

Terms and conditions

I consent for my child to attend this club; I understand that the club has policies and procedures and that there are expectations and obligations relating to both the club and myself and my child.

I give permission for a trained member of staff to administer appropriate first aid if required.

I give permission for Thriplow After School Club 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.

For fees, please see Fees policy.

Late collection of my child will result in a charge of £5 per 15 minutes, beyond 6:00 p.m.

(Please refer to Late Collection Policy for further details).

I confirm that the information given on all forms is correct and agree to notify the club staff of any changes in detail.

I understand that the information given on this registration form is confidential.

I give permission for my child to be transported from Fowlmere School to Thriplow Primary School by a member of staff from Thriplow and Fowlmere After School Club and understand that I should collect them from Thriplow Primary School.

I have read and accepted the above conditions for my child attending Thriplow and Fowlmere After School Club.

Signature of Parent/Carer Date