

St John's CE Primary School

After School Club Registration Form



'We Care Childcare' After School Club

Name of Child:

Date of birth: -----

Address: -----

Mother's Name: -----

Home telephone number: -----

Place and address of work: -----

Work tel number & ext: -----

Fathers Name: -----

Home telephone number: -----

Place and address of work: -----

Work tel number & ext: -----

Children will only be allowed to leave the session if a named person collects them. Please record here who will be collecting your child, if it is not the parent/guardian already named.

Name: ----- Tel no: -----

Address: -----

Relationship to Child: -----

Name and address of 2nd collector if above person is not available in an emergency:

Name: ----- Tel No: -----Address: -----

Relationship to Child: -----

Name of Childs Doctor----- Tel No-----

Surgery Address-----Date
of last Tetanus injection-----

Does your child have any medical condition, medication, allergies (include food allergies) *YES/NO

If YES please give details: -----

Please record here the days which your child will be attending' We Care Childcare'/After school Club.

Regularly during term time:

Monday ----- Tuesday ----- Wednesday ----- Thursday----- Friday -----

Varying days to be booked in advance.

When do you wish your child to start attending: -----
-

Parent/Guardian Consent.

Some of the routine activities at the After School Club may involve supervised walks on and off the after school site. For your child to participate you must give your consent. We would also like to take photo's of the children at play, for display at the after school club only.

I agree to my child/children having photos taken for display at the club. **YES/ NO**

I agree to my child taking part in supervised activities on and off site: **YES/ NO**

I consent to any emergency treatment during the running of the club. I authorise the staff of the After School Club to sign any written form of consent required by the hospital authorities if the delay in getting my signature is considered by the Doctor to endanger my Child's health and safety.

YES/NO

I am happy for my child to watch PG certificate videos. **YES/ NO**

I certify that to the best of my knowledge all the above information is correct :

Parent's Signature ----- Date-----