

Brookland Breakfast / After School Club Registration Form

Child's Details

First Name:	Surname:	What they like to be called:
Date of Birth and Current Age:	School they attend:	First Language:

Parents/Guardian/Carer Details

Title:	First Name:	Surname	Title:	First Name:	Surname
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 Childs 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:

- I consent for my child to attend this club; I understand that the After School club has policies and procedures and that there are expectations and obligations relating to both the school and myself and my child and agree to abide by them.
- I give permission for a trained member of staff to administer appropriate first aid if required.
- I give permission for Breakfast / 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.
- Persistent late collection of my child may result in a charge of £2.50. I understand that non-payment of fees will mean that my child will not be able to attend and that the place may be given to another child.
- I understand that I must give the Breakfast or After School Club 24 hours notice to cancel my child's attendance otherwise full fees will apply.
- In an emergency I will ring either my child's school or the Breakfast/After School Club mobile telephone number.
- 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 all the school's policies will apply to Breakfast and After School Club, including Child Protection and Data Protection.
- I understand that the information given on this registration form is confidential.
- I have read and accepted the above conditions for my child attending Brookland Breakfast / After School Club.

Signature of Parent/Carer/Guardian: _____ Date: _____