CHILD REGISTRATION FORM

Date place started:

Date place finished:

PLEASE WRITE CLEARLY IN BLOCK CAPITALS

BREAKFAST CLUB	PLEASE TICK
AFTER SCHOOL CLUB	PLEASE TICK
CHILD'S FULL NAME	
DATE OF BIRTH	
GENDER	
NAME TO BE CALLED	
ADDRESS	
RELIGION (IF ANY)	
LANGUAGES SPOKEN	
NAME(S) OF PARENT(S)/ CARER(S)	
PARENT/CARERS' ADDRESS	
PARENT/CARER'S TELEPHONE NUMBERS	DAY EVENING MOBILE EMAIL
PARENT/CARER'S PLACE OF WORK AND TELEPHONE NUMBER(S)	NAME OF WORKPLACE TELEPHONE NUMBER
NAME OF EMERGENCY CONTACT	(THEY WILL BE CONTACTED IF THERE IS AN EMERGENCY AND PARENT/CARER CANNOT BE REACHED)
ADDRESS OF EMERGENCY CONTACT	
EMERGENCY CONTACT'S TELEPHONE NUMBERS	DAY EVENING MOBILE
NAME AND ADDRESS OF PERSON(S) AUTHORISED TO DROP OFF CHILD TO CLUB IF DIFFERENT FROM ABOVE CONTACTS	

TELEPHONE NUMBERS OF AUTHORISED PERSON(S)	DAY MOBILE EVENING
NAME OF CHILD'S DOCTOR	
ADDRESS OF DOCTOR	
DOCTOR'S TELEPHONE NUMBERS	DAY EVENING MOBILE
DETAILS OF ANY SIGNIFICANT HEALTH ISSUES OR EHC PLAN	(INCLUDING SPECIAL EDUCATIONAL NEEDS/PHYSICAL DISABILITIES SIGNIFICANT BEHAVIOUR ISSUES)
DOES YOUR CHILD HAVE ANY KNOWN ALLERGIES OR MAJOR DISLIKES (I.E. FOOD OR MATERIALS)? PLEASE LIST	
ON WHICH DAYS WILL YOUR CHILD ATTEND THE CLUB/S (PLEASE TICK)	MONDAY ☐ TUESDAY ☐ WEDNESDAY ☐ THURSDAY ☐ FRIDAY ☐
ANY OTHER RELEVANT INFORMATION	

I consent to any emergency medical treatment necessary during the running of the club. I authorise the staff 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 hereby consent for my child to take up a place at BC / ASC (please circle), according to terms and conditions set out in its policies and procedures. I have understood the expectations and obligations relating to both myself and the club, and agree to abide by them.

I understand that persistent late or non-payment of fees will jeopardise my child's continued attendance at the club.

I confirm that the information given above is correct and I will contact the Play Leader as soon as any of the details change.

Signed …….. (parent/guardian)

Name (Printed)……. Date ……

If you are entitled to Child Tax Credits. You may be able to claim part of the wraparound care fees. The Bowhill Primary School Ofsted No is 134174.(Further information on Child Tax Credits can be obtained from HM Revenue & Customs Tax Credit Helpline 0345 300 3900.)