

AFTER SCHOOL CLUB REGISTRATION FORM

Please complete one form per child

Section 1: Personal details	
Name of Child	Date of birth:
Address	
Postcode	Class (If applicable)
Does your child have any dietary req	uirements that we need to be aware of?
Does your child have any allergies th	hat we need to be aware of?
Does your child have any medical ne	eds that we need to be aware of?
Parent/ Carer details:	
1)	Contact number:
2)	Contact number:
	er than parent/ carer who are authorised to collect your child and n emergency where you are uncontactable. If the person collecting is a separate form:
1) Full Name	Contact number:
2) Full name	Contact number:
Please provide a password and ensu	re whoever is collecting your child knows what it is;
Collection password	

Section 2: Consent

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Yes	No No						
l give	my consent for photographs to be taken of my child and used on the Children's Centre website.						
Yes	No D						
Sectio	n 3: Childcare requirements						
So tha	t we can plan accordingly, please indicate the day/days that your child is likely to attend:						
Mond	ay Tuesday Wednesday Thursday Friday						
What	date would you like your child to start?						
Please	e use this section to inform of us of anything else that may be important						
Sectio	n 4: Payment						
	I will be booking and paying in advance online.						
	I will be booking online and making payment using childcare vouchers/tax free childcare/childcare grant etc.						
Childc	are voucher provider/tax free childcare reference						
Sectio	n 5: Declaration						
Please	e tick the following:						
	I have completed, signed and dated all relevant sections of the form as necessary. If applicable, I have paid my deposit of £60.00 online. I have read, and agree to abide by, the Terms and Conditions for After School Club.						
Signed	dDate						
Name	Relationship to child						
Please do not assume that your child has a place until you receive confirmation							

For Office use only:

Deposit received date: