



AFTER SCHOOL REGISTRATION FORM

Child's Name:	Date of Birth:
Name to be used at After-School Club:	Gender:
Position in Family:	Preferred Start Date <i>(dependent on availability)</i>
Language Spoken at Home:	Ethnicity:

Parent/Guardian Details

Full Name	Full Name:
Address:	Address:
Post Code:	Post Code:
Home Telephone Number:	Home Telephone Number:
Mobile:	Mobile:
Email Address:	Email Address:
Parental Responsibility: YES/NO	Parental Responsibility : YES/NO

Please indicate your child's attendance pattern required

DAYS	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

Emergency Contacts : Please give details of people who live within the local area, who can be contacted in an emergency, if parents are unavailable.

Full Name	Full Name:
Address:	Address:
Post Code:	Post Code:
Home Telephone Number:	Home Telephone Number:
Mobile:	Mobile:
Relationship to Child:	Relationship to Child:

Name of Adults permitted to collect your child from the After-School Club	
Name:	Name:
Name:	Name:

We ask for ID if anyone other than the named person collects your child

Medical Details

Doctor Name: Practice Address: Post Code: Telephone Number: Health Visitor Are all immunisations up to date: YES/NO If no, state exceptions:	Any Special Needs or other information we may need to care effectively for your child (please detail): Any Special Medical Needs (please detail): Any Special Dietary Requirements (please detail): Any Allergies (please details):
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CONSENT TO EMERGENCY FIRST AID AND MEDICAL TREATMENT

I consent to any emergency First Aid and Medical treatment necessary during the course of my child's attendance at the After-School Club. I give permission for a member of staff to accompany my child to hospital – should the need arise. I understand that all medical decisions in my absence are the responsibility of medical professionals and that I will be contacted as soon as possible.

OUTINGS

I give permission for my child to be taken to local parks and playgrounds after school.

YES/NO (Please circle your response)

Any other information which may be relevant to ensure that the After-School Club meets your child's needs:

I have read and understood the After-School Club's Terms and Conditions and I agree to be bound by them and any other relevant booking terms and conditions that issued from time to time (with appropriate notice).

This agreement must be signed by all persons with Parental Responsibility and/or those who are accepting responsibility for paying the fees.

To register, please sign and date this form, the terms and conditions (set out below) and transfer the £150.00 (payable to S & S Education Limited, being a deposit of £100 held against the final term's fees and a non refundable registration fee of £50.00)

S & S Education Limited,
Bank Account : 39891138
Sort Code : 09-01-27

Please state your child's name as reference.

Signed:	Print Name:	Date:
Signed:	Print Name:	Date: