

After School Care @ St. Peter's Primary School

I am interested in my child having a place at after school club. *(Please note that by completing this form you are expressing an interest, we will contact you at the beginning of term to advise whether you have a place for your child).*

If you are interested please circle the days your child would regularly use the club:

Monday Tuesday Wednesday Thursday Friday

OR:

My child's attendance will vary on a weekly basis and I will email to book a place.

I agree that if my child is attending after school care at St. Peter's that I will keep up to date with my payments on parentpay. I understand that if I fail to pay the cost of after school care I will have to make alternative arrangements.

Child's Name:.....

Class (current):.....

Emergency Contact Number(s):.....

Parents Name:.....

Name of person completing form (please print)

Signed:..... Date

**St Peter's Primary School
After School Club Registration Form**

Child's Details

| | | |
|---------|--|---------------|
| Name | Current year group & class | Date of Birth |
| Gender: | Secret password if you have asked a different adult to collect your child. | |

Parent/Carer Details

| |
|---------------------|
| Name |
| <u>Home Address</u> |
| Telephone: |
| <u>Work Address</u> |
| Telephone: |
| Mobile Number: |
| Email Address |

| |
|---------------------|
| Name |
| <u>Home Address</u> |
| Telephone: |
| <u>Work Address</u> |
| Telephone: |
| Mobile Number |
| Email Address |

Alternative Emergency Contact Details (as a condition of attendance you **MUST** provide details of at least one other person we can phone if we are not able to contact you)

| | | |
|---------|-----------------------|----------------------------------|
| Name | Relationship to Child | Mobile Number |
| Address | | Alternative Telephone Number(s): |

| | | |
|---------|-----------------------|-------------------------------|
| Name | Relationship to Child | Mobile Number |
| Address | | Alternative Telephone Number: |

Details of Child's Doctor

| | |
|--------------------|------------------|
| Name of Doctor | |
| Address of Surgery | Telephone Number |

About Your Child

Please detail any additional/special needs:

Please detail any medical needs including details of any medication:

Please detail any allergies:

Please detail any dietary requirements:

Any additional information:

- Sometimes we may photograph the children and display these photos in the room used by the after school club and it is a legal requirement that we request your permission for this. Please indicate whether you give your consent to this below.
- I agree / do not agree* to my child/ren being photographed whilst attending the club and these photos being displayed in the afterschool club room (*please delete as appropriate).

Print NameSigned.....

I give permission for a member of staff to administer appropriate first aid if required.
I give permission for a member of staff 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.

Signed.....

- I consent to my child attending this club. I understand that the club has policies and procedures and there are expectations and obligations relating to the conduct of myself and my child and I agree to abide by them. I understand that failure to do so will mean that my child will no longer be able to attend the club.
- I understand medicine will not be administered by the after school club staff unless agreed in advance and the appropriate form completed and signed by a parent/carer.
- Once my child is at after school club he/she will be in the care of the staff until collected and signed out by a 'named' responsible adult.
- I will inform the school office by telephone or email by 9.00am on the day if my child will not be attending the club on a day that he/she is booked in to the club. I understand that if I do not contact the school to cancel my child's place I will be charged.
- I will pay **in advance** for all sessions and failure to pay will mean that I will have to make alternative arrangements for the end of the day pick up.

Terms and Conditions

- I understand that late or non-payment of fees will jeopardise my child's place.
- If my child is not collected by 6.00pm I will pay a charge of £1.00 for every minute I am late after 6.00pm to cover the costs of staff who are legally required to stay.
- If my child remains at 6.30pm, after doing everything possible to contact parents and emergency contacts, then I understand that the after school club staff will be legally required to contact Social Care.
- I understand that staff cannot be held responsible for any lost or stolen items.
- I understand that should there be any incidents at after school club involving my child, I will be informed of the situation.

- I understand that the information given on this registration form is confidential. However, there may be times, for example in the case of child protection concerns, when details may be passed to other agencies in line with the child protection policy.
- Where the club has endorsed my claim for Childcare Tax Credit I understand that I am legally obliged to notify the Inland Revenue if I cease to use the service during the period of my claim.
- I confirm that the information given on this form is correct and agree to notify the club of any changes in detail.
- I have read and, in signing this form, accept the above conditions for my child attending the after school club.
- I confirm that I have received the school's privacy notice which explains how my child's data will be processed, stored and shared. The latest version of our privacy notice can always be found on the school website.

Signature of Parent/Carer.....Date.....

Please print name.....

