

After-School Club Registration Form 2020-21

Please complete one form per child and return to school office.

Child's Details

| | | |
|------|---------------------------|-----|
| Name | Year group (from Sept 20) | DOB |
| | | |

Parent/Carer Details

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|----------------------|
| 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 (please 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 | | Other Telephone Number: |
| | | |

| | | |
|---------|-----------------------|-------------------------|
| Name | Relationship to Child | Mobile Number |
| Address | | Other 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: |

For school office use

- 'One week credit advance' paid & receipt attached
- Parent contacted & informed of booking; Confirmed / Refused (please circle)
- Application withdrawn by parent



Mutual obligation

Parents/carers should inform the school if any of the following details change.

- Address or telephone numbers (including contact numbers for both parents/carers and any other chosen representative)
- Any information relating to their child's health or individual requirements.
- Changes to dismissal arrangements

If a parent/carer nominates a chosen representative to collect their child from us, we must be given the following information:

- The name of the chosen representative
- Their relationship to the parent(s) or child and sufficient additional information to ensure we fulfil our safeguarding responsibilities.

No one under the age of 16 can be chosen as a representative to collect a child from ASC under the age of eight. We will not be able to send a child under the age of 8 home with anyone under the age of 16. Identification of your chosen representative may consist of an ID including a photograph or other information agreed between us and the parent. It will be assumed the ASC has permission for all children to be taken outside the school building onto any other area of the school grounds during the times specified for ASC.

Parent and Carer Declaration

In signing this form, I confirm that the information I have provided is true, complete and accurate and I agree that I have read, understand and accept the terms and conditions* of this Extended Day provision.

**available from the school office and via the Parents page of the Shoreditch Park Primary School website*

I (print your first and last name) _____ agree to the Shoreditch Park Primary School Extended Day Services Terms and Conditions.

Signature----- Date -----/-----/-----

