

BASC REGISTRATION FORM

Full name of child:	Date of Birth:	Class:
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PARENT CONTACT DETAILS

Parent 1: (Name)	Parent 2: (Name)
Email:	Email:
Telephone number/s:	Telephone number/s:

OTHER CONTACTS (WITH CONSENT TO PICK UP)

Name:	Name:
Telephone number/s:	Telephone number/s:

If you send someone else to collect your child/children, they will need to be told the password for collection

Password:

MEDICAL INFORMATION/FIRST AID

Medical Conditions/Food Allergies

Medicine administration forms need to be completed and signed by parent/carers wishing to have any drug administered to their child/children during breakfast and/or after school club. This will be administered by qualified staff and forms obtained from the office

Completion of this form gives consent for BASC staff to administer basic first aid and to give any written form or consent required by hospital authorities, including anaesthetic, if delay in getting my signature is considered by a medical practitioner in attendance to endanger my child's health and safety.

BOOKINGS & PAYMENTS

Bookings are completed on the ParentMail system and invoices are raised in advance of each term. Invoices should be paid within seven days of receipt. Queries should be addressed to hannah.evans@bridge.kent.sch.uk

Please note that we are unable to offer refunds for unused sessions or sessions cancelled due to unforeseen circumstances.

Signature of parent:
Date: