



# Heslerton After School Club Registration Form.

Please complete all of the information below to allow after school club staff to have immediate access to these details for use in an emergency.

**Please return to school prior to your child commencing their sessions.**

## Child Details

Surname: \_\_\_\_\_

Forename: \_\_\_\_\_

Name to be Called: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Postcode: \_\_\_\_\_

Doctor's name: \_\_\_\_\_

Doctor's address: \_\_\_\_\_  
\_\_\_\_\_

Postcode: \_\_\_\_\_

Doctor's Telephone: \_\_\_\_\_

## Contacts

**Primary Contact** (Mobile number may be used for updates and text alerts)

Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Postcode: \_\_\_\_\_

Telephone(Home) \_\_\_\_\_

Telephone (Mobile) \_\_\_\_\_

Place of Work and Address:

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Telephone (Work) \_\_\_\_\_

**Second Contact** (Mobile number may be used for updates and text alerts)

Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Home Address: \_\_\_\_\_

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Postcode: \_\_\_\_\_

Telephone(Home) \_\_\_\_\_

Telephone (Mobile) \_\_\_\_\_

Place of Work and Address:

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Telephone (Work) \_\_\_\_\_

**Emergency Contact** (name of adult who may be contacted after the above in case of emergency)

Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Home Address: \_\_\_\_\_

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Postcode: \_\_\_\_\_

Telephone(Home) \_\_\_\_\_

Telephone (Mobile) \_\_\_\_\_

## **Password**

If you or a named person are unable to collect your child, we have a password system in place. This password will be requested upon collection

Password \_\_\_\_\_

## **Allergies, Diet, health issues**

Does your child have any known medical problems?

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Does your child have any known allergies/dietary requirements or major dislikes? (e.g. certain foods, materials)

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Are there any other factors which may impact on the safety and welfare of your child?

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## **Language/religion:**

Language spoken at home: \_\_\_\_\_

Child's religion / culture: \_\_\_\_\_

Do you as the child's parent / carer require any additional support? (For example do you require letters etc to be produced in larger print / different language?) If yes please state what your needs are and how we can best support your needs.

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**Do you give permission for:**

	YES	NO	COMMENTS	Parental signature
Emergency Medical Treatment/ Advice				
Sharing information with Other Settings and Professionals				
Local Outings/Play Equipment				
Photographs – website				
Photographs – social media				
Photographs – press				
Use of Plasters				
Application of Sun Cream				
Use of Face Paint				

Terms and Conditions

- All children who attend Heselton After School Club must be registered with the Club.
- In order to maintain safety of the children, parents must inform us who is collecting them.
- In order to maintain safety of the children, parents must ensure their child is appropriately dressed for the weather and has adequate sun protection.
- **Payment of Fees.** Please note that your child's fees for the After School Club **must** be paid on the first day that your child attends that week, unless a prior arrangement has been made. Once a booking has been made, fees will remain payable unless more than 48 hours' notice is given, or if your child is off school ill. If monies remain outstanding for more than two weeks, further bookings may be refused.
- Please ensure that the information that Heselton After School Club holds on your child(ren) is accurate and up to date, a new form should be completed should details alter, or annually, whichever is the soonest.
- The After School Club will follow all school policies, which are available for inspection on request, to ensure a caring and considerate environment for the children and staff.
- All information held will follow the GDPR regulations and guidance 2018.

**Any changes in circumstances will need to be notified by parents in writing immediately.**

I agree to the above terms and conditions and confirm that the information given on this form is accurate.

Name of person completing this form: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Signed: \_\_\_\_\_

Date \_\_\_\_\_