After Bridlewood Club Registration Form

Please complete ALL PARTS of the form, sign and date where indicated and return to the school office.

	Name	DOB	Age	Class Teacher
1st Child				
2nd Child				

Address	Home telephone number
	Religious / Cultural Beliefs
Postcode	Any special dietary requirements or food allergies

Name of parent / carer 1	Relationship to child
Mobile phone number	Work name and phone number
Name of parent / carer 2	Relationship to child
Mobile phone number	Work name and phone number

Please provide the names and telephone numbers of any additional carers that may collect your child.

Name	Contact number

Doctor's Name	Doctor's phone number
Doctor's address	Has your child had all their childhood immunisations?
	Please give date of last tetanus immunisation

Medical History *(including illnesses which may affect daily care e.g. asthma, allergies etc*
Please provide any other additional comments that you would like us to know about your child

After Bridlewood Club Agreement

I have read and understood the contents of the welcome pack and I/we agree to:

- Give up-to-date information about my child(ren) including any change of emergency contacts
- Pay a minimum of one week in advance of after childcare club
- Pay fees for booked dates – fees are still due if your child is absent for any reason.
- I understand if the school needs to remind me to pay outstanding fees an additional charge of £5 will be levied.
- Ensure my child is collected promptly by 5.30pm prompt every day. Persistent late collection after 5.30pm will result in a late collection fee of £10 and after 5.45 an additional £20.
- Sign in my child/children every day
- Inform the school if my child(ren) are absent from after school club by phoning 01793 706830
- Provide 30 days' notice if I wish to make a permanent change to my 'fixed' booking

I consent to any emergency medical treatment necessary during the running of the club.
I authorise the school staff to sign any written form of consent required by hospital authorities if the delay in getting my signature is considered by the doctor to endanger my child's health and safety.

Yes ❒ No ❒

I consent to my child being photographed by after school club staff for display.

Yes ❒ No ❒

To be completed by Parent/Carer

Signed: _____

Name: _____

Date: _____

To be completed the school

Signed: _____

Name: _____

Date: _____

Thank you for completing all sections of this form.