



Breakfast & After School Club Registration Form 2019/2020

Child's full name _____ Class _____

Home address _____

Telephone number _____ Mobile _____

Name of parent/carer who has parental responsibility

We know that sometimes other people may need to collect your child, please could you give us a password we could use to confirm this:- _____

Emergency contact details:

1. Name: _____ Relationship to child _____

Tel number: _____ Mobile: _____

2. Name: _____ Relationship to child _____

Tel number: _____ Mobile: _____

Medical information:

Doctor: _____

Contact number _____

Does your child have any medical requirements that we should be aware of? **Yes/No**

If your child suffers from asthma, a separate asthma form will need to be completed.

If yes, please provide information:

Does your child have any dietary requirements or food allergies? **Yes/No**

If yes, please provide information:

I consent to basic first aid treatment being administered by a qualified member of staff.

Yes/No

In case of emergency medical treatment being required I consent to the authorised staff member to sign any forms required by the medical staff if there is a delay in obtaining my signature could endanger my child's health: **Yes/No**

I give my consent to photographs and video recordings of my child as part of after school activities and understand these may be used for instance; in displays for the club, the school's social media pages or the school website: **Yes/No**

I accept that my child will be taken care of by staff if he/she requires a change of clothes.

Yes/No

Please ensure that all Yes/No questions have been deleted where appropriate.

Hours Requested (please tick);

	Monday	Tuesday	Wednesday	Thursday	Friday
Early Breakfast Club (7.30am-9.00am)					
Breakfast Club (8.00am to 9.00am)					
After School Club (3.15pm to 5.40pm)					

Signature

Print name

Date

Relationship to child



Breakfast/After School Club Parental Contract

To ensure the smooth running and success of our new after school club, please could you read through the following and sign that you agree.

1. If I wish to cancel my child's place or reduce the hours my child attends, I will complete the **Notification of Changes Form** and email to the office via office@alkrington.rochdale.sch.uk or hand to the office in person, I will provide at least two weeks before the start of the following half term, and recognise that failure to provide written notice will result in full payment for the place until correct notification is received.
2. I agree to inform the after school club if my child is attending an after school event or activity.
3. I agree to pay for sessions required in advance.
4. My child will abide by the school's behaviour policy.
5. I will give notice of a change in person collecting my child.
6. I agree to pay any late collection fees incurred by not collecting my child by 5.40pm.
7. I understand that no refunds can be made for places that have been booked and my child had not attended.

Signature

Print name

Date

Relationship to child