



**ASHBROOK BREAKFAST/AFTER SCHOOL CLUB**

**REGISTRATION FORM**

**CHILD'S DETAILS**

SURNAME	DATE OF BIRTH	GENDER
FORNAME(S)		KNOWN AS

**NAME OF PARENTS/GUARDIANS (Please give full name including title i.e. Mr/Mrs/Dr/Miss)**

MOTHER	FATHER
WHO HAS PARENTAL RESPONSIBILITY FOR CHILD?	
CHILD'S HOME ADDRESS	
PARENT'S ADDRESS (If different to child)	

**EMERGENCY CONTACT DETAILS (Please keep this information up-to-date)**

MOTHER'S MOBILE NO	MOTHER'S HOME NO
MOTHER'S PLACE OF WORK	PHONE
FATHER'S MOBILE NO	FATHER'S HOME NO
FATHER'S PLACE OF WORK	PHONE
OTHER EMERGENCY CONTACT	
<i>(please give relationship to child)</i>	
<i>In addition to the main contacts mentioned above, the following people also have permission to collect my child from school without notification from me. Please add, amend or delete if there are any changes.</i>	

**MEDICAL DETAILS**

DOCTOR'S NAME	SURGERY	PHONE
Does your child have any medical conditions the After School Club should be aware of? <i>Please indicate the nature of the condition i.e.: allergies, asthma, any history of fits, hospitalisation etc.</i>		YES/NO
Sight appears normal?	YES/NO	Should wear glasses? YES/NO
Hearing appears normal?	YES/NO	Should wear hearing aid? YES/NO
Please advise us of any dietary requirements your child may have		

Any problems likely to cause difficulty or be relevant at After School Club i.e. emotional (family circumstances)	
RELIGION	HOME LANGUAGE

I enclose £30 non-refundable registration fee (cheques made payable to Ashbrook After School Club)	YES/NO
I agree to pay for session booked at least one week in advance and I understand that if I do not, the service will be withdrawn.	YES/NO
I give permission for Ashbrook After School Club staff to administer minor first aid to my child and call for an ambulance, if necessary, in my absence.	YES/NO
I give permission for my child to take part in face-painting activities	YES/NO
I give permission for my child to view PG rated films under strict supervision of staff	YES/NO
I give permission for my child to have photographs taken, if appropriate	YES/NO

I have read the letter explaining the procedures for the After School Club and agree to follow your procedures.

Signed \_\_\_\_\_

Date \_\_\_\_\_

*The information requested in this document may be stored on a computer and if so, will be subject to the DATA PROTECTION ACT. The Act requires that all information will be strictly confidential and may only be accessed by those with a legal right to see it. The information will not be given to anyone without your written consent. You have the right to examine, at any reasonable time, information about you or your child that we keep on computer. You have a right to correct any information which you feel is wrong or misleading.*