

THE SMARTY CLUB

St. Mary's Breakfast & After School Clubs

Registration Form

Confidential

All children who attend the Smarty Club must be registered with us



Child's name (in full)	
Name to be called (if different from above)	
Address	
Date of birth	
Name of Parent(s)/Carer(s)/Legal Guardian(s)	
CONTACT INFO TEL HOME TEL MOBILE	
<u>EMAIL- PLEASE USE CAPITAL LETTERS</u>	
Names & address of person who will collect child from club if different from the above. (children will only be allowed to leave with a named person)	
CONTACT INFO TEL HOME TEL MOBILE	
Details of a second contact or other named person/s other than above who may be able to collect the child in an emergency	
CONTACT INFO TEL HOME TEL MOBILE	
Childs Doctor Name & Address & Tel Number	
Does your child have any known special medical needs? Please list any	
Does your child require access to any specialist equipment of provision. Please provide details.	
Please record any special dietary or cultural requirement your child may have	

Please record any known allergies your child may have

Please indicate which days you wish your child to attend Breakfast Club

Monday

Tuesday

Wednesday

Thursday

Friday

Please indicate which days you wish your child to attend After School Club

Monday

Tuesday

Wednesday

Thursday

Friday

This is Breakfast Club session 7.45am - 8.30am £6.00 _____

This is first half session 3.30 - 4.30pm £6.00 _____

This is a full session 3.30 - 6.00pm £14.00 _____

Some of the routine activities of the club may involve parks or short trips including swimming. For your child to take part in these activities you must give your permission.

I agree to my child taking part in the activity described above YES
NO

Please tick the relevant box: to having your child's photograph taken for any reason e.g. school website.

I agree to my child's photograph being taken YES
NO

Please tick the relevant box: to having sunscreen applied to your child.

I agree that staff may apply sunscreen when necessary to my child YES
NO

I consent to any emergency medical treatment necessary during the running of the club. I authorise the play care staff to sign any written form of consent required by the 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 note that the Smarty Club Handbook is available from the school office or Smarty Club for information.

Signed _____ *Parent/Carer/Legal Guardian* Dated _____

Ethnic origin *Please circle*

WHITE WHITE IRISH BLACK CARIBBEAN BLACK AFRICAN INDIAN
BLACK OTHER CHINESE TAMIL BANGLADESHI PAKISTANI OTHER

Please specify _____