

Kidmore End After School Club Registration Form and Agreement

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

Name of child	
Date of birth	
Class teacher	
Name of parent/carer (1)	
Relationship to child	
Home telephone	
Mobile telephone	
Work telephone	
Email address	
Name of parent/carer (2)	
Relationship to child	
Home telephone	
Mobile telephone	
Work telephone	
Email address	
Doctor's Name	
Doctor's address	
Doctor's phone number	
Has your child had all their childhood immunisations?	
<i>Please give date of last tetanus immunisation:</i>	
<i>Medical History (including any medical conditions which may affect daily care eg. asthma, allergies.)</i>	
Does your child have any special dietary requirements?	
Please provide any other additional comments that you would like us to know about your child	

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 the hospital authorities if the delay in getting my signature is considered by the doctor to endanger my child's health and safety.

Signed:

Date:

I consent to my child being photographed by After School Club staff for display / school website page.

Yes/ No (delete as appropriate) Signed:

Date:

I/we agree to:

- Give up-to-date information about my child/children, including any change of emergency contact details
- Pay fees promptly - please note all booked sessions are non-refundable & non-transferable
- Ensure that my child is collected on or before 4.15pm or 6.00pm (as booked) & sign him/her out on collection
- Inform the school if my child/children are to be absent from After School Club

I/We have read, understood and agree with the above(signed)

.....(date)