

Ordsall Primary School



After School Club Child Registration Information

To be completed by parent/guardian/person with parental responsibility. All information will be treated in confidence.

Name of child	
Date of Birth	
Home Address	

Parents/Guardians/persons with parental responsibility

Names	1.	2.
Relationship to child:		
Home Tel No:		
Mobile No:		
Work Tel:		

Names of persons who may collect the child if different from above.

Names	1.	2.
Relationship to child:		
Tel No:		

PLEASE PROVIDE A PASSWORD This is essential for the after-school club staff to have.

Password	
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Any person(s) NOT allowed to collect the child from the setting (court order)

Names	1.	2.
Relationship to child:		

Emergency Contacts other than those listed

Name	1.	2.
Relationship to child:		
Tel no:		

Child Medical Information

Medical conditions:			
Details of any medication:			
Medication	Dosage	Times of day or circumstances to be given	Method of administration
Any special precautions, side effects of medication etc:			
Is your child allergic to any medication? If YES please specify.			YES/NO
<p>I give my consent ** for a member of staff to administer the above medication which I will deliver to the group leader before the visit. I understand the staff leading the visit are not qualified medical practitioners but that they will take reasonable care in the administration of the medication and will endeavour to respond appropriately should emergency treatment be required.</p> <p>I give my consent ** for son/daughter to self-administer the above drugs.</p> <p>** delete if not applicable</p>			
Child's doctor			
Doctors' Surgery			
Address			
Tel No:			

Additional Information

Allergies:	
Special dietary requirements:	
Personal/family circumstances relevant to the care of your child:	

Special Educational Needs and Disability

Does your child have any additional needs? YES/NO (If Yes Please provide details)

Parental Consent

As parent/guardian/person with parental responsibility I consent to:		
Photographs being taken of participation in activities/play in the setting to be used for display purposes or evidence only.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Walking through school unaccompanied by an adult to the After school club setting. (Y5/6 only)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

By completing a registration form for our wraparound services parents/carers agree to the following:

Bookings are available in fortnightly blocks and are **only made** using the School Gateway.

Cancellations **MUST** be made by contacting the school office **before 2.30 pm** on the day in order to be credited back to your School Gateway account.

Payments for our wraparound service **SHOULD BE** paid for at the time of booking and if an outstanding balance does appear the **school reserves the right to block any further bookings** until any outstanding balance is cleared.

Signed..... Print name.....

Relationship to child..... Date.....

Official Use only	Date when first registered	Registration Updated