

Bronington Out-Of-School Club

OUT OF SCHOOL CHILDCARE CLUB REGISTRATION FORM

All children who attend this Club must be registered with us. Children will be collected from school during term-time and escorted safely to the club. Children will remain at the Club until collected by a named adult.

Name of Club **BRONINGTON V A P SCHOOL**
Address **SCHOOL LANE, BRONINGTON, WHITCHURCH, SHROPSHIRE. SY13 3HN**

Telephone number **01948 780283**

Name of Child: First name _____

Name known by _____

Last name _____

Gender of Child _____

Date of Birth _____

Name of parent/carer _____

Address _____

Telephone numbers: _____

Home _____ Work _____ Mobile _____

Name of person authorised to collect child _____

(if same as above please tick here)

Address _____

Telephone numbers: _____

Home _____ Work _____ Mobile _____

Name of person authorised to collect child _____

(if same as above please tick here)

Address _____

Telephone numbers: _____

Home _____ Work _____ Mobile _____

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EMERGENCY CONTACTS:

Name of person(s) authorised to collect child from Club in an emergency:

Address _____

Telephone numbers:

Home _____ Work _____ Mobile _____

Name of person(s) authorised to collect child from Club in an emergency:

Address _____

Telephone numbers:

Home _____ Work _____ Mobile _____

CHILD'S DOCTOR'S NAME AND ADDRESS

Name _____

Address _____

Telephone number _____

Does your child have any known medical condition/allergies/dietary needs? YES NO

Please give details _____

Any other relevant information you feel staff should be aware of.

FEES

The current charging policy will be made available on request

Bronington Out-Of-School Club

AVAILABLE MONDAY – FRIDAY

3.30PM – 5.30PM

When do you want your child to start using the Club?

Date.....

PHOTOGRAPHS

Photographs may be taken of the children for the Club's journal. Specific permission will be sought to use any photographs or video material if they are to be used outside the Club premises.

AGREEMENT

I understand that my child will be collected from the school during term-time and escorted to the Club, and will remain at the Club until collected by a named adult as detailed above. If this involves the use of a taxi I understand that it is my responsibility for making arrangements with the taxi firm and that it is my responsibility to pay separately for that service. I understand that the Club will accept no responsibility for the child until he/she arrives on Club premises.

I consent to any emergency medical treatment necessary during the running of the Club. I authorise the Club 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. Please note the routine administration of medicines is covered in the Medication Policy

Yes [] No []

To the best of my knowledge the above information is accurate.

Signed _____(Parent/carer)

Date _____

Signed _____
(On behalf of the Club)

Date _____