**DANDERHALL AFTER SCHOOL CLUB**

**REGISTRATION FORM - August 2020 – January 2021**

**Start Date**:

**Please circle when your child will be attending**

**Breakfast Club**: MON TUES WED THUR FRI VARIABLE

**After School Club:** MON TUES WED THUR FRI VARIABLE **Breakfast Club to Nursery** MON TUES WED THUR FRI VARIABLE **Breakfast Club to Playgroup** MON TUES WED THUR FRI VARIABLE

**ASC - pickup from Nursery** MON TUES WED THUR FRI VARIABLE

**ASC - pickup from Playgroup** MON TUES WED THUR FRI VARIABLE

**Holiday Club:** YES NO

**Play Session YES NO**

**PLEASE COMPLETE IN BLOCK LETTERS**

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| **Child’s Name:** ……………………………………………… **Date of Birth**: ………………………….  **Age** ………. **Primary Class** …………. **Teacher’s Name**: ……………………….  **Home Address**:  **Postcode:** …………………………………….  **Home telephone number:** …………………………………….  **Email address:**  We send all correspondence, including fees, out by email as it reduces costs for the club, however if you  **do not** want to receive anything by email and would prefer post please tick this box. |
| **Parent/Carer Name:**  **Contact Address:**  **Work No:** **Home No:** **Mobile No:**  **Relationship to Child:**  **Parent/Carer Name:**  **Contact Address:**  **Work No:** **Home No:** **Mobile No:**  **Relationship to Child:** |

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| **Emergency Contact**  (This must be someone not named above and over 16 years of age. Parents/Carers would be contacted first)  **Contact Name:**  **Contact Address:**  **Work No:** **Home No:** **Mobile No:**  **Relationship to Child:** |
| **Named people who have permission to collect your child from the club (Please note: only named people will be allowed to collect your child. This is for your child’s safety).**        Who may not collect you child?......................................................................................................................  Please select a password for collection (must be provided) …………………………………………….. |
| **Has your child any allergies / intolerances / health issues or additional support needs that may affect their participation at ASC? Please give details:** |
| **Does your child take any medication?** **YES / NO**  **If YES, please give details:**        **If medication has to be administered to your child, please obtain a consent form from the manager. Please Note: only prescribed medicines will be administered.** |
| **Doctors Name:**   **Telephone Number:**  **Address:** |
| **Is there any other information you feel we need to know about your child (likes / dislikes / hobbies)?**  **Please give details:** |
| **Is there any additional information you feel we need to know about your family’s social or ethical background? Please give details:** |

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| **Are there any situations / issues that we need to be aware of to maintain your child’s safety while in the care of ASC staff? I.E. Court orders, Injunctions.** |
| **Are there any individual practices / habits that ASC staff could support / encourage to ensure your child’s health and well-being needs? Please give details:** |
| **Are there any situations / issues that we need to be aware of when maintaining your child’s welfare whilst attending ASC? Please give details:** |

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| **I UNDERSTAND THAT THE CLUB AND EMPLOYED STAFF CANNOT BE HELD RESPONSIBLE FOR THE LOSS/DAMAGE TO PROPERTY OF ANY PARTICIPANTS.**  **I AGREE TO MY CHILD BEING REGISTERED WITH DANDERHALL AFTER SCHOOL CLUB.**  **I HAVE RECEIVED THE INFORMATION BOOKLET 2016-2017 AND I ACCEPT THE TERMS AND CONDITIONS STATED WITHIN IT.**  **Signature: Date:**  **(Parent/Carer)** |

**CONSENT FORM**

**Please tick yes or no for each statement and sign and date at the bottom**

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|  | **YES** | **NO** |
| I consent to any medical/surgical/dental treatment my child may require while participating in After School Club care. |  |  |
| I give my permission for my child to be taken on trips to local parks, shops as well as local walks with staff. |  |  |
| I give my permission for my child to take part in hand / face painting. |  |  |
| I give my permission for sun lotion to be offered and applied by staff during bright weather when participating in outdoor activities. |  |  |
| I give my permission for videos and photographs to be taken (for club activities and promoting/advertising ASC). |  |  |
| I give my permission for my child to watch ‘U’ or ‘PG’ certificated films with staff supervision at the ASC. |  |  |
| I give my permission for my child’s picture to be uploaded onto the Danderhall After School Club facebook page (for club activities and promoting/advertising ASC) please be aware that if you hit the “like” button the photographs can be seen by your friends. |  |  |
| I confirm that my child will make their own way to breakfast club unaccompanied by an adult. I understand that in doing so, the breakfast club take no responsibility to ensure my child/children’s safety until such time as they enter the building. |  |  |
| I confirm that I give my permission for my child to be picked up from Nursery/Playgroup (delete as appropriate) |  |  |
| I understand that it is my responsibility to inform Nursery/Playgroup who will be dropping of and picking up my child. |  |  |

I UNDERSTAND THAT THE CLUB AND EMPLOYED STAFF CANNOT BE HELD RESPONSIBLE FOR THE LOSS/DAMAGE TO PROPERTY OF ANY PARTICIPANTS. :

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| Signature: Date:  (Parent/Carer) |