

CONFIDENTIAL REGISTRATION FORM FOR

NAPHILL AND WALTERS ASH OUT OF SCHOOL CLUB USE ONLY

(We will only share child information with outside agencies on a need to know basis and with consent from parents/guardians/carers, except in cases relating to safeguarding children, criminal activity, or if required by legally authorised bodies.)

I understand that OOSC staff key responsibility is to safeguard children. I will work with staff if a child protection matter arises and provide necessary important information about my child to keep her/him safe.

I wish to register my child for the Out of School Club sessions as indicated below:

Before School: MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

After School: MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

Surname / Family Name:

Forenames / Given Names:

Name he/she would like to be called by in the Club:

Home address in full:

.....
.....

Post Code:.....

E.mail address (optional):

D.O.B:

School Attended.....Class in school

Full name of 1st Parent/Guardian/Carer

Mr/Mrs/Miss/Ms

*Do you have parental responsibility? (Please circle) *Yes *No

*Do you have legal contact? (Please circle) *Yes *No

Telephone (home).....(work).....(mobile).....

Full name of 2nd Parent/Guardian/Carer

Mr/Mrs/Miss/Ms.....

*Do you have parental responsibility? (Please circle) *Yes *No

*Do you have legal contact? (Please circle) *Yes *No

Telephone (home).....(work).....(mobile).....

Name and address of person usually collecting the child:

Telephone (home).....(work).....

Name and address of local emergency contact:

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Name and address of child's doctor.

Telephone:

Please give any details of allergies e.g. food, skin contact , airborne, dietary requirements:

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Please give any other information that you feel our staff should know about your child:

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.....

Does your child have a statement of Special Educational Needs (SENCO)? (Please circle)

YES NO

If so, please can you provide details:

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Does your child have Special Educational Needs but no statement? (Please circle)

YES NO

If so, please can you provide details:

.....

Ethnicity - Please provide the ethnic background of your child (Please circle) :

- White British
- White Other (Please specify):.....
- Black British
- Black Caribbean
- Black African
- Black Other (please specify):.....
- Asian British
- Asian Indian
- Asian Bangladeshi
- Asian Pakistani
- Asian Other (please specify):.....
- Chinese
- Other Ethnic Background Please specify:

Please provide a PASSWORD only known to people authorised to collect your child/children.
This password is to be given every time your child/children are collected from the Out of School Club.

.....
I agree to the above named child receiving emergency treatment: (**please circle and sign each individually**)

YES Signature..... / **NO** Signature.....

I give permission for the above named child to take part in travel to activities away from the Club premises:

YES Signature..... / **NO** Signature.....

I give permission for the above named child to be photographed on the Club premises:

YES Signature..... / **NO** Signature.....

I give permission for the photographs taken to be used on:

Display boards* **YES** Signature..... / **NO** Signature.....

The school internet web-page* **YES** Signature..... / **NO** Signature.....

Literature produced by the Club* **YES** Signature..... / **NO** Signature.....

I give permission for the above named child to watch videos/DVDs that are rated U and PG on the Club premises:

YES Signature..... / **NO** Signature.....

I give permission for the above named child to play Wii and X box games 3+ and 7+ only on the Club premises:

YES Signature..... / **NO** Signature.....

I give permission for the above named child to be face-painted:

YES Signature..... / **NO** Signature.....

I agree to receive mailings concerning the Club activities

YES Signature..... / **NO** Signature.....

I will be claiming Childcare Tax Credit:

YES Signature..... / **NO** Signature.....

I and / or my partner were employed before the availability of the Childcare Tax Credit.

YES Signature..... / **NO** Signature.....

I and / or my partner have taken up employment after the availability of the Childcare Tax Credit:

YES Signature..... / **NO** Signature.....

I / We agree to abide by the rules, regulations and policies of the Club.

Signed (Parent / Guardian / Carer).....

Full Name (BLOCK CAPITALS).....

Date:.....

Please add any further information that you consider may be relevant.

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Out of School club use only

Out of School Club would like to offer the following places: Date.....

Before School: MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

After School: MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

Parents Signature.....

Out of School Club would like to offer the following places: Date.....

Before School: MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

After School: MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

Parents Signature.....

Out of School Club would like to offer the following places: Date.....

Before School: MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

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Parents Signature.....