



ABC-XYZ @ SPRINGERS

Springmead School, Welwyn Garden City

Registration Form

Please complete the following information to register for membership.

Name of child

Date of Birth..... SCHOOL YEAR/ CLASS.....

HOME DETAILS

Please give details of main carer/ home address and others if applicable

Name

Relationship to child

Address

.....

.....

Postcode

Tel. No.

E-mail

Name

Relationship to child

Address

.....

.....

Postcode

Tel. No.

E-mail

PARENTAL RESPONSIBILITY

Name

Relationship to child

Contact number.....

Name

Relationship to child

Contact number

Parental responsibility as defined by the Children Act (1989) is a legal term giving those who have it certain rights and responsibilities. All natural mothers automatically have it as do fathers who were married to the child's mother at time of birth. Other adults (e.g step fathers, step mothers, grandparents, unmarried fathers etc.) subsequently need to have applied for this legal status. This status is quite separate from issues of residency.

EMERGENCY CONTACTS (in order of preference)

1. Name

Relationship to child

Contact number.....

Mobile number

2. Name

Relationship to child

Contact number

Mobile number

REQUIREMENTS

Please tick boxes for the days and times required for each child.

CLUB	Monday	Tuesday	Wednesday	Thursday	Friday
ABC BREAKFAST CLUB	7.30am	7.30am	7.30am	7.30am	7.30am
XYZ AFTER SCHOOL CLUB *	5pm	5pm	5pm	5pm	5pm
	6.15pm	6.15pm	6.15pm	6.15pm	6.15pm

* Please delete time as required.

START DATE:-

MEDICAL DETAILS

Does your child/ children have any relevant medical conditions including dietary restrictions/ allergies we should be aware of?

NO YES If YES please provide further information on the reverse.

GP..... Surgery Address:

In case of emergency, if we are unable to contact parents we will require permission to authorise treatment e.g. aesthesia if deemed necessary by the emergency services.

MEDICAL/ DIETARY INFORMATION.

ADDITIONAL REQUIREMENTS

Will your child require additional support? Yes No (Please delete as appropriate)

If your child may require additional support, please contact us directly to discuss how their needs can be meet within our setting to ensure they are happy, safe and well settled. All discussions and information is in strictest confidence.

I/We wish to register my/our child to attend the ABC BREAKFAST/ XYZ AFTER SCHOOL CLUB.

I/We enclose a cheque for the registration fee of £10 (per family)

I/We agree to abide by the Terms & Conditions of ABC –XYZ Childcare Ltd.

I/We enclose a cheque for the deposit (refundable when leaving the Club)

A deposit of £20 per child **per session** booked per week is required.

I/We do/do not give permission for a representative of ABC-XYZ Childcare to authorize medical treatment.

I/We do/do not give permission for our child to be photographed or recorded for any publicity material.

Please note photos maybe processed using an on line company.

Cheques should be made payable to: ABC-XYZ Childcare Ltd.

Bank transfer details available on request.

Please sign and print names:

Relationship to Child/Children

.....
.....

Date

For further information, please call 07799 855850 or E- mail info@xyzafterschool.co.uk

(12/7/2016)

ABC-XYZ Childcare Ltd. Registered in England and Wales No. 10247055 Registered address; 7 Hatfield Road, St. Albans, AL1 3RR

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