

# ABC BREAKFAST CLUB

# XYZ AFTER SCHOOL CLUB

## Registration Form

ABOYNE LODGE SCHOOL /ALBAN CITY SCHOOL Delete as appropriate

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
<b>ABC BREAKFAST CLUB</b>					
<b>XYZ AFTER SCHOOL CLUB *</b>	5pm	5pm	5pm	5pm	5pm
	6pm	6pm	6pm	6pm	5.30pm (City only)

\* 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 you 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 CLUB / 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  
(updated 12/7/16)