



My Breakfast and After School Club registration forms

Sessions required-

Breakfast club-

After school club-

Child's name:

Date of birth:

Doctors name:

Doctors number:

Parent/Carers/Guardians name:

Does this person have parental responsibility for the child? Yes/No

Contact number:

Work address:

Work number:

E mail address:

Child's Address:

EMERGENCY CONTACT 1

Name:

Relation to child:

Contact number:

Address:

EMERGENCY CONTACT 2

Name:

Relation to child:

Contact number:

Address:

Please provide us with a password that can be used if your child is being collected by someone else other than yourself.

FURTHER INFORMATION

Please provide information on any of the following to help us provide continuity of care

ALLERGIES

Has your child ever had an allergic reaction to ANYTHING Yes/No

If yes please provide full details (you will be required to complete a care plan for your child in case of this reaction happening again)

FOOD/DRINKS (Especially fruit and snacks)

Likes:

Dislikes:

Special dietary requirements-

ACTIVITIES

Likes:

Dislikes:

Is there anything they are scared of?

Is English your child's second language? If yes please give details of their first language.

What is the main religion in your family?

What religious festivals do you celebrate?

HEALTH

Does your child have any of the following

Asthma/Breathing problems

Skin conditions

Hearing difficulties

Sight difficulties

Speech difficulties

Any long term conditions/illnesses in the past or present

If you have answered yes to any of the above please provide details below,

COLLECTION

Please provide details of anyone other than yourself collecting/dropping of your child below,

Name:

Contact number:

Address:

Name:

Contact number:

Address:

Is there anyone who should not have contact with your child or is legally prevented?

YES/NO

If yes please give details:

ANYTHING ELSE

Is there anything else you feel we should know in order to meet the needs of your child?

Signed Parent/Carer/Guardian:

Date:

Print name:

My after school club sign:

Date:

PARENT PERMISSIONS

Allergies

I agree that I have informed My After School Club of all food allergies and other allergies that my child has and take all responsibility for any reactions to foods not listed.

Name: Date:

Transportation

In the event of an emergency I agree for my child to be transported by a staff member in their car using a suitable car seat or booster seat.

Name: Date:

Sun Protection

I agree for my child to be applied with sun protection cream by a staff member as and when required (to be supplied by parent).

Name: Date:

Photographs

I agree that staff members at My After School Club may take photographs of my child undertaking activities whilst in their care. These will be displayed on the information table at the club.

Name: Date:

Publications/Website

I agree/disagree that my child/childrens images can be included on:-

Website/Publications for My After School Club/Display boards

I understand I will be given a copy of all photographs taken if requested.

Name: Date:

Outings

I consent for my/our child(ren) to play outside in the playground area and occasionally be taken out as a part of the daily activities of the setting. I/We understand that our further consent will be requested for outings away from the site.

Name: Date:

Information Sharing

I agree for staff to share information with other professional bodies and educational settings if this is necessary for the safety, protection and/or education of my child but also understand that I will be informed*.

Name: Date:

*Except in Child Protection cases where it is judged that the child may be placed further at risk.

I agree for staff to provide an attendance list to the schools so the school is fully informed about who is attending My After School Club and when.

Name: Date:

First Aid

I agree for a staff member to administer first aid as necessary on any minor injuries that occur and I understand that I will always be informed after this has occurred and will sign the accident and incident report to witness it.

Name: Date:

Administration of Medicine

I consent for any staff member at My After School Club to administer prescribed medicine to my child whilst they are at the setting, as directed by myself in accordance with the completed medicine administration form. I will always be informed before this is undertaken.

Name: Date:

Emergency Action

I consent for any staff member at My After School Club to call an ambulance or take my child to the nearest Accident and Emergency department to be examined, treated* or admitted as necessary on the understanding that I/we have been informed at the earliest opportunity and are on my/our way to the hospital.

Name: Date:

*Please state if there are any exceptions to this i.e. blood transfusions and give details.....
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