



**Sandal Primary School & Nursery
After School Care Club Registration Form 2018-2019**

Name of Child:		Date of Birth:	
Address:			

Parent/Carer Contact Information

Title		Forename		Surname	
Relationship to child					
Tel Number					

Alternate Emergency Contact name and number:

Title		Forename		Surname	
Relationship to child					
Tel Number					

Please give details of any health problems or medication being taken by your child:

Does your child suffer from any of the following?

Eczema Y/N Migraine Y/N Diabetes Y/N Epilepsy Y/N

Nose bleeds Y/ N Asthma Y/ N

Allergies?	
Dietary requirements:	

I consent to any emergency treatment necessary during the time my child is being cared for at Sandal Primary After School Care Club. I therefore authorise a supervisor to sign on my behalf should any emergency treatment be required. Supervisors, even first aid qualified, are unable to give any medication including painkillers or any regular medication taken by your child.

Signed

Date

Photograph Permission

I consent / do not consent to photographs of my child being taken and used for display purposes and on the website.

Signed

Date

Please indicate which days you require a place at the After School Care club:

Mon	Tues	Wed	Thurs	Fri

I will ensure that payment for the After School Care Club is made in advance as outlined in the terms of the club and I understand that the school reserves the right to withdraw the place and attempt to recover the debt through the small claims court if fees are not paid. I understand that the Club cannot give refunds for any sessions that I have booked but which my child(ren) does not attend. After School Club runs Monday - Friday from 3.20pm – 6.00pm at a cost of £10 per child, per session, this cost includes drinks and a light tea. This is a complete charge whether or not your child stays for the complete session.

Signed

Date

Please return the registration form to the School Office