

# XYZ AFTER SCHOOL CLUB

## Registration Form

Please complete the following information to register for membership of the XYZ AFTER SCHOOL CLUB.

Name of child .....

Date of Birth..... SCHOOL YEAR.....

ABOYNE LODGE SCHOOL /ALBAN CITY SCHOOL Delete as appropriate

### HOME DETAILS

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

Name .....

Name .....

Relationship to child .....

Relationship to child .....

Address .....

Address .....

Postcode .....

Postcode .....

Tel. No. ....

Tel. No. ....

E-mail .....

E-mail .....

### PARENTAL RESPONSIBILITY

Name .....

Name .....

Relationship to child .....

Relationship to child .....

Contact number.....

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 .....

2. Name .....

Relationship to child .....

Relationship to child .....

Contact number.....

Contact number .....

Mobile number .....

Mobile number .....

### REQUIREMENTS

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

Child's Name	Monday	Tuesday	Wednesday	Thursday	Friday
Time required delete as appropriate	5pm 6pm	5pm 6pm	5pm 6pm	5pm 6pm	5pm 6pm

We endeavour to fulfil your requirements however, please be aware that places will be allocated as we receive completed forms, subject to availability.

You will be notified of the days you have been allocated. When places are limited priority will be given to siblings or those children requiring multiple sessions.

**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 - please state clearly which child the information relates to.

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

I/We agree to abide by the Terms & Conditions of the XYZ AFTER SCHOOL CLUB.

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 XYZ AFTERSCHOOL CLUB to authorize medical treatment.

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

**Cheques should be made payable to: XYZ AFTER SCHOOL CLUB**

Please sign and print names:

Relationship to Child/Children

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Date .....

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