



St Francis' School Out of Hours Club Registration Form – 2019/2020

(A separate form per child to be completed at time of initial registration and in September annually)

Child's Details

Surname	Forename	Name known as	Date of Birth

Parent/Carer Details (please provide two contact details)

Name	Name
<u>Home Address</u>	<u>Home Address</u>
Telephone:	Telephone:
<u>Work Address</u>	<u>Work Address</u>
Telephone:	Telephone:
Mobile Number:	Mobile Number:
Email Address:	Email Address:

Alternative Emergency Contact Details (please provide details of at least one other person we can phone if we are not able to contact you)

Name	Relationship to Child	Mobile Number
Address		Other Telephone Number:

Name	Relationship to Child	Mobile Number
Address		Other Telephone Number:

Person(s) Authorised to collect the child.

(In the case of After School Care this person should be local enough to collect by 6.00pm. Responsibility for the collection of the child rests with the parent/carer.)

(Please refer to section 3. Safety of the Policy, Terms and Conditions)

Name
Relationship to child
Telephone
Mobile

Name
Relationship to child
Telephone
Mobile

If another person is to collect the child, Out of Hours Club staff must be informed prior to collection by the parent/carer, either by letter or telephone. **A collection password must be used.** A message can be left on the answer machine.

Collection Password	
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Details of Child's Doctor

Name of Doctor	
Address of Surgery	Telephone Number

About Your Child

Special dietary needs/preferences	Health/medical issues (eg Asthma) Details of long term prescribed medications used in school and out of hours childcare.
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Does your child have any specific needs or disability? Yes* / No (please delete as appropriate) * If yes, please complete box below
What special support will your child require in the out of hours setting?

How would you describe your child's ethnicity or cultural background	What language(s) is/are spoken at home
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What other information do you feel is important for us to know about your child? Eg fears, what they like or special words of comfort.
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PARENT/CARER DECLARATION

I/we consent for the staff to take my child to the nearest accident and emergency unit to be examined, treated or admitted as necessary on the understanding that I/we have been informed and are on my/our way to hospital.

I have read and understood the Out of Hours Childcare Policy, terms and conditions and agree to abide with them.

Signed by

Signed (Parent 1)	Please print name of signatory
Signatories relationship to child	Date

Data Protection 2018: Please refer to the school's Data Protection policy which has been amended to comply with

Signed (Parent 2)	Please print name of signatory
Signatories relationship to child	Date

GDPR 2018.

For office use

Date received by Out of Hours Club :	Initial :
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