



Forty Hill CE Primary Extended Hours
Breakfast and After School Club

REGISTRATION FORM

I/We request that our child attend the extended hours club.

Breakfast Club **Yes/No**
(7.30 - 8.45am)

After-School **Yes/No** **After-School** **Yes/No**
(3.15 - 4.15pm) **(3.15 - 5.30pm)**

Section 1 Personal Details:

Child's Surname _____ Year _____
Forename (s) _____ Preferred Name _____
Gender _____ Age _____ Date of Birth _____
Home Address _____ Postcode _____
_____ Home Tel No _____
Parent's e-mail Address: _____

Section 2 Contact and Emergency Details:

Please make sure all emergency numbers are up to date, and report any changes to the office, eg. if your emergency contact is on holiday.

Contact 1 (name and relationship to child) _____
Mobile No. _____ Work No. _____

Contact 2 (name and relationship to child) _____
Mobile No. _____ Work No. _____

In case of emergency, please give name and telephone number of any other person(s) who may be contacted if parents/carers are not available. Please state relationship to child, eg. grandparent, friend or neighbour, etc.

Emergency Contact 1 (name and relationship to child) _____
Mobile No. _____ Work No. _____

Emergency Contact 2 (name and relationship to child) _____
Mobile No. _____ Work No. _____

Section 3 Password

A Password is required which is unique only to you in the event of another adult not named in Section 2, who would be collecting your child/ren.

Password _____

Section 4 Medical/Special Needs and Dietary Information

Please indicate which, if any, of the following conditions has been experienced by your child:

Asthma	Yes/No	Hearing Problems	Yes/No
Hay Fever	Yes/No	Vision Problems	Yes/No
Eczema	Yes/No	Speech Problems	Yes/No
Heart condition	Yes/No	Allergy to penicillin	Yes/No
Fits/convulsions	Yes/No	Allergy to zinc plasters	Yes/No

Any other medical condition or concerns you wish to bring to the attention of the club:

Has your child been immunised with MMR and if so date of last immunisation? Yes/No Date _____

Has your child been immunised against tetanus and if so the date of immunisation? Yes/No Date _____

Is your child able to attend the toilet without help? Yes/No

Is your child able to take part in all normal activities? Yes/No

In an emergency, are you willing for your child to travel in a member of staff's car? Yes/No

In an emergency, do you agree to normal hospital or medical treatment? Yes/No

If having breakfast or after-school High Tea, does your child have any special dietary needs?

Yes/No If Yes, please explain _____

Doctor's surname and initials _____ Tel No. _____

Surgery Address _____ Postcode _____

I consent to any emergency medical treatment necessary during the running of extended hours club, and authorise the staff to administer minor First Aid treatment as needed when necessary and sign any form of consent required by medical staff, if a delay in getting my signature could endanger the child's health or safety.

I have read and agree to abide by the Forty Hill Breakfast and Afterschool (The Den) Policy along with the schools Health & Safety Policy, Behaviour Policy and Suspension and Exclusion Policy.

Name Parent/Guardian/Carer (print) _____

Signed Parent/Guardian/Carer _____

Date _____

(for office use only)

Registration Date: _____

PLEASE STATE REQUIRED DAYS AND TIMES:

Breakfast (7.30 - 8.45am) £4.00 per session

Monday Tuesday Wednesday Thursday Friday

After-school (3.15 - 4.15pm) £3.00 per session

Monday Tuesday Wednesday Thursday Friday

After-school (3.15 - 5.30pm) £8.50 per session

Monday Tuesday Wednesday Thursday Friday

Data is used in the school in accordance with our published privacy statement which is available on our website www.fortyhill.com. This privacy statement explains what personal data we collect from you, and how we use it.