

Registration form
Cuckney C of E Primary school
After School Club



Child's personal details	
Name:	
Date of birth:	
Home address:	
Details of any SEND: <i>If your child requires any additional support in school, please highlight this to school staff BEFORE making a booking</i>	
Parental details	
Please note, this refers to a person with parental responsibility.	
Name:	
Relationship to child:	
Address:	
Contact details:	
Details of any court orders:	
Second parent	
Name:	
Relationship to child:	
Address:	
Contact details:	
Details of any court orders:	
Details of individuals who have responsibility for collecting children from the school Please note, proof of identification will be required upon collection.	

Name:	
Relationship to child:	
Contact details:	
Password for collection:	
Second individual	
Name:	
Relationship to child:	
Contact details:	
Password for collection:	
Emergency contact details	
Name	Contact details

Medical information	
Name of doctors' surgery:	
Address:	
Phone number:	
Does your child have any known medical conditions? Please specify.	
Please provide details of any medication that your child takes:	
Will the club manager need to administer any medication?	
Do you consent for the club manager to administer this medication?	
Please provide any other relevant information:	
Dietary needs	

Does your child have any allergies?	
Does your child have any specific dietary needs, e.g. vegetarian?	
Does your child have any dietary intolerances, e.g. lactose intolerant?	

Emergency arrangements

The school's clubs will not accept any children who are unwell. Parents are expected to inform the school if their child is unwell – please contact the school office on 01623842223. If a child becomes unwell during the club, the school will contact the listed emergency contacts as soon as possible.

The school will ensure that staff have had the necessary training to handle any emergencies. While the school will always make every effort to contact you, sometimes you may not be contactable – please complete the below permission slip, consenting for the school to act in your absence.

I _____ (name of parent) consent for:

- School staff to administer basic first aid.
- Cuckney C of E Primary School to sign written forms of consent that are required by hospital authorities, if there is a delay in my response and medical professionals consider my child's life is in danger.

Signature: _____

Date: _____

Permissions

I _____ (name of parent) give my permission for:

- The club staff to apply sun cream to my child in hot weather.
- The school club to take photos of my child
- In accordance with the Images and Videos Parental Consent Form, the school club to use photos of my child for marketing materials.
- The club staff to transport my child where necessary.
- The club staff to show appropriate movies, with either a U or PG age certificate
- The club staff to allow my child to play on the play equipment at the top of the school field
- The club staff to take my child on walks in the immediate local area (the village of Cuckney) to support club activities.
- The club manager to administer prescription medication – a separate school admission of medicines form should be filled in giving details

If you do not agree with any of the above statements, please indicate this below and include your reasoning:

Signature: _____

Date: _____

I agree that an appropriate adult will collect my child at the end of the session and sign them out.

I have read, understood and agree to the terms and conditions of the club.

Signature: _____

Date: _____