

Kingsland Before and After School Club
Registration Form

Full name of child:

Any other names the child goes by (nickname) :

Nationality:

Race:

Child's first language:

Religion:

Address:

Parent/ carer telephone numbers:

-
-

Parent / carer work numbers:

-
-

Child's Doctors name:

Doctors address and telephone number:

Who has parental responsibility for this child?

Any allergies? Please inc food allergies and asthma:

Any food not allowed due to religion?

I give my permission for medical treatment and first aid to be given to my child except :

I give my permission for the staff to take photographs of my child for display purposes.

Print your name:

Signature:

Date:

Safeguarding statement

The staff here at the Kingsland Before and After school club have a duty to safeguard the children in their care.

I understand that the staff will respond to any concerns relating to safeguarding for the children who attend the club.

signature: _____

print name: _____

date: _____

Kingsland Before and After school club
Booking form

I _____ the parent of _____
wish my child to attend:

- Every day
- Every : Monday, Tuesday, Wednesday, Thursday, Friday
(please circle which days you would like)
- Weekly but different days , booked in advance, please write
how many days you would like each week _____
- Occasionally

I understand that by signing this I will have to pay for the booked sessions, even if my child does not attend , including illness, teacher training days, snow days, polling days, term time holidays and any other days the school closes excluding bank holidays.

I understand that occasionally means that you have to book each day as I need them and that spaces can not be guaranteed, once I have a confirmed space I will have to pay for this session even if my child does not attend.

Signature:
Print name:
Date:

Sun cream consent form

I _____ parent/ carer of _____
give my permission for my child to apply their own sun cream to
themselves when needed.

I understand:

- That the sun cream must be labelled with my child's full name.
- The child must be able to apply it themselves as staff can not help

Signature: _____

Print name: _____

Date: _____