**THE AFTER 3 CLUB (ABBEYMEAD SCHOOL)**

**REGISTRATION FORM**

**CHILD’S DETAILS**

Name:…………………………………………………………………………………………………………………………….........

Address:……………………………………………………………………………………………………………………….………

……………………………………………………………………………………………………………………............................

Home Tel No:………………………………………………………......DOB:……………………………………………………

**ETHNICITY/BACKGROUD:……………………………………………………………………………………………………**

**PARENTAL RESPONSABILITY**

We are now required to hold parental responsibility information for every child on our register. **This is the name/names of the child’s parent/parents as they appear on the birth certificate.**

\*Please note this means that by law if either parent named on the birth certificate arrive to collect the child named on the birth certificate we have to release them to their care, unless there is a legal reason such as a restraining order being in place. We need to know this information at time of registration so that we can adhere to legal requirements and keep your child safe.

**PARENT/GUARDIAN DETAILS**

Name:………………………………………………………........Name:…………………………………………………………

Address:……………………………………………………….....Address:………………………………………………………

….……………………………………………………………………………………………………………………………………………

…………………………………………………………………………………………………………………...............................

Relationship:………………………………………………......Relationship:……………………………………………….

Work Tel no:…………………….................................Work Tel no:………………………………..................

Mobile:…………………………....................................Mobile:…………………………………………………………

**GP DETAILS**

GP Name:……………………………………………………………………………………………………………………….........

Address:…………………………………………………………………………………….………………………………………….

……………………………………………………………………………………………………………………............................

Tel no:………………………………………………………………………

**Medical details (allergies, reactions, asthma etc)**

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**Any other details: (special needs, dietary needs, religious/cultural needs:** ……………………………………………………………………………………………………………………………………………

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**AUTHORISED TO COLLECT:**

**Children will only ever be allowed to leave with authorised people**.

In the event of someone coming to collect your child, if we have not had authorisation from you and we cannot get hold of you we will not release your child from our care, we will continue to try to contact you or another person authorised to collect.

Name:……………………………………………………......Name:……………………………………………………………

Relationship:…………………………………………......Relationship:………………………………………………….

Tel no:…………………………………………………….....Tel no:…………………………………………………………...

Mobile:………………………………………………….......Mobile:…………………………………………………………..

Authorised to collect without prior Authorised to collect without prior

notification: Yes / No notification: Yes / No

**AUTHORISED TO COLLECT CONTINUED…………………………………….**

Name:…………………………………………………….........Name:……………………………………………………………

Relationship:………………………………………….........Relationship:………………………………………………….

Tel no:………………………………………………….........…Tel no:…………………………………………………………...

Mobile:…………………………………………………..........Mobile:…………………………………………………………..

Authorised to collect without prior Authorised to collect without prior

notification: Yes / No notification: Yes / No

**In event of an emergency and we are unable to contact you, we will contact one of your emergency contacts and every effort will be made to let you know. You must have at least 2 emergency contacts/authorised to collect as in the case of an emergency involving both parents if we could not contact anyone else we would have to surrender care of your child to family services.**

**YOUR BOOKING**

Your weekly booking is for:

MON ☐ TUES ☐ WED ☐ THUR ☐ FRI ☐

3.00-5.00pm ☐ 3.00-5.30pm ☐ 3.00-6.00pm ☐

**Your monthly fees are: £……………………………….**

**DECLARATION**

I/we consent to any emergency treatment necessary during time at the club.

I/we consent to the staff signing any consent forms required by the hospital if the delay in getting my signature would endanger my child’s health.

I/we agree to notify the club prior to the session if my child/children are not going to be attending for any reason.

I/we are aware of the club’s policies and procedures and I/we agree to abide by these conditions.

I/we understand that if our fees are not paid on time that our child’s place at ATC may be withdrawn with immediate effect.

I/We agree to give the agreed one month’s notice if we no longer require our place at ATC .

**ATC BEHAVIOUR POLICY**

If your child’s behaviour becomes unacceptable we reserve the right to enforce an exclusion or cancel your child’s place at ATC.

In the event of wilful damage by your child to any equipment belonging to the school or to ATC, we reserve the right to request payment for repairs or to replace the damaged item/s.

**I AGREE TO ALL THE TERMS AND CONDITIONS STATED ABOVE:**

**SIGNED (parent/carer):……………………………………………………………...Date:....................................**

**Photo consent**

I hereby consent that ATC can take photographs or video footage of my child for the sole use of the ATC, EG: for the notice board, advertisements, prospectus etc:

 Signed: ...............................................................

**Permission to administer Calpol/ pain relief:**

**I hereby give permission for pain relief medication to be given to my child while in attendance at ATC.**

**Without notification/ signed……………………………………………**

**Please phone for verbal permission/signed……………………………………………**

**GDPR**

In compliance with GDPR regulations we will only use your child’s personal information to enable us to provide after school care to you.

We will use this information to keep in touch with you via e mail, post or phone.

We will keep the information secure and will only share if necessary with appropriate agencies.

You have the right to ask to view any information that we hold in accordance to regulations.

We will hold your child’s information for the required time in accordance with regulations then dispose of it securely.

**ADDITIONAL INFORMATION: (Optional)**

Further personal information on your child, e.g.: hobbies, likes and dislikes, friends, favourite toys activities etc: