

**Millbrook After School Club
Registration Form and Contract**

**PLEASE CAN YOU ENSURE THIS FORM IS RETURNED TO THE SCHOOL OFFICE BEFORE YOUR CHILD IS DUE TO START AFTER SCHOOL CLUB ALONG WITH YOUR CONTRACT.
FAILURE TO RETURN THIS FORM WILL MEAN YOUR CHILD WILL BE UNABLE TO START THE CLUB.**

Child's Details

Child's Full Name		Known As	
Home Address			
Post Code			
Date Of Birth		Telephone Number	
E-mail address			

Mother's Details

Mothers Name	
Place of Work	
Work Address	
Work Telephone Number	
Mobile Number	

Father's Details

Father's Name	
Place of Work	
Work Address	
Work Telephone Number	
Mobile Number	

Emergency Contact Details

Name	
Address	
Telephone Number	
Relationship	

Parental Responsibility

Parental Responsibility	
Relationship to child	

Religion

Ethnicity	
Religion	
Language spoken at home	

Medical

Doctor's Name	
Address	
Telephone Number	

Food

Is there any food your child can not have?	Yes	No
If yes please state		

Allergy

Does your child have an allergy?	Yes	No
If yes please state		

Medical Information

Does your child have any medical or developmental problems? Full details of medical, developmental or special educational needs required.	Yes	No
If yes please state		

First Aid

I give permission for Millbrook School staff to administer minor first aid treatment. If your child needs to go to hospital, an ambulance will be called and you will be contacted immediately. A member of staff will accompany the child to hospital and will consent to medical treatment as deemed necessary by the doctor. I give permission for a member of staff to consent to medical treatment. Please tick.

Yes

No

Child Protection Statement

We are committed to ensuring that our Child Protection Policy meets its responsibilities in respect of child protection by treating any allegation seriously and sensitively. We will not carry out any investigation itself into a suspected child abuse incident. On discovering an allegation of abuse, the Child Protection Officer will immediately refer the case to the local statutory child protection agencies. Full written reports of all reported incidents will be produced and maintained. We will demonstrate great care in distinguishing between fact and opinion when recording suspected incidents of child abuse.

Photos/Recordings

We ask for your permission that you are happy for us to take photographs/recordings of your child during activities and play. Please tick the appropriate boxes. I understand there will be no payment for my child's participation.

I give permission for the image of my child to be used for:

Website

Publicity

Observations and assessment

Club records of my child

Promotional material for the club

Printed displays at the club

Local Parks

We ask for your permission that you are happy for us to take your child on local trips to the surrounding parks. Please tick the appropriate box.

Yes

No

Face Painting

We ask for your permission that you are happy for us to use face paints on your child. Please tick the appropriate box.

Yes

No

Permission to watch PG films

Yes

No

Please can you tell us about your child's likes and dislikes, what activities do they like to do, or what games are they in to?

Authorisation

Please tick below for Mother and Father to collect

Mother	Yes	No
Father	Yes	No

Collection password (you will need to give this when you or your substitute adult collects your child)

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I give permission for the persons below to collect my child

Name	
Address	
Telephone Number	
Relationship	
Name	
Address	
Telephone Number	
Relationship	

I understand that I must give one month's written notice to terminate my child's place at the Club and I am aware that all the policies regarding how the club operates are available on request.

Signed

Date