

The Swan Club



Hampton Hargate Primary Breakfast and After School Club

Registration Form

Child's Full Name:

Name to be used in the club:

Date of Birth:

Gender:

Ethnicity:

Languages Spoken:

Name of Person(s) with Parental Responsibility:

Home Address:

Telephone Number:

Mobile Number:

Place of work:

Daytime Telephone Number:

Other Emergency Contact Details:

Names of persons authorised to collect your child including contact numbers:

Doctor's Name:

Doctor's Address/Telephone Number:

Details of any significant health issues. (including any special educational needs and/or physical disabilities statement):

Details of any special dietary requirements, allergies:

Do you give consent for members of staff at the club to apply sun cream to your child in hot conditions?

Yes / No

Any other relevant information:

Please indicate/ tick which days of the week you will require the club.

Breakfast Club:

Monday Tuesday Wednesday Thursday Friday

After School Club:

Monday Tuesday Wednesday Thursday Friday

Date childcare to commence from:

I confirm that the information given above is correct and I promise to contact the Manager as soon as any of the details change.

I understand that persistent late or non payment of fees will jeopardise my child's continued attendance at the Club. I also understand that I will be fined a late collection fee if I do not collect my child from the club by 6.00pm each evening.

*Please enclose the **£10 (non-refundable) admin fee & £15 deposit** as no places will be offered until these payments are made. Please make cheques payable to 'Hampton Hargate Primary School'.*

Signature of Person with Parental Responsibility:

Date:

Emergency Medical Treatment Form



Child's Name:

Date of Birth:

Doctor's Name:

Doctor's Address:

Doctor's Telephone Number:

Any other relevant medical information (ie allergies, family medical history etc)

Name of Person(s) with Parental Responsibility:

Address:

Emergency Contact Number:

Child's Medical Number:

In the event that my child is involved in a serious incident whilst at the club, I expect the Manager, or a delegated member of staff to contact me immediately on the above emergency contact number.

In the event that my child requires immediate medical treatment before I will be able to get to the Hospital, I hereby authorise the Manager, or a delegated member of staff, to consent to emergency medical treatment on my behalf.

I understand that this authorisation will remain valid unless I contact the Manager, in writing, to withdraw it.

Signature of Person with Parental Responsibility:

Date: