

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:

Email:

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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

After School Club:

Monday	Tuesday	Wednesday	Thursday	Friday
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Date childcare to commence from:

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

I/we understand that late or non payment of fees will jeopardise my/our child's continued attendance at the Club.

I/we understand that the Club closes **promptly at 6pm** and that I/we should aim to arrive, at the latest, **by 5.55pm**. I/we also accept that a **late penalty charge of £15 per quarter of an hour, or part of**, will be incurred if my/our child is not collected on time (by 6pm).

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/we expect the Manager, or a delegated member of staff to contact me/us immediately on the above emergency contact number.

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

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

Signature of Person with Parental Responsibility:

Date: