

Beehive After School Club Registration Form

Please complete all forms and turn to Purbrook Infant School office

PLEASE USE BLOCK CAPITALS

Name of child: Class:

To be known as: Date of Birth:

Address:

Post Code: Tel:

Please indicate the date you would like your child to start the club:

Please tick the option and which sessions you wish your child to attend. Each child in the family must register separately.

Option 1: To leave your child at the club from 3.15 pm until 4.15 pm, with no snack provided for a daily charge of £4.50. (Children picked up after 4.15pm will be charged at the full rate.)

	Monday	Tuesday	Wednesday	Thursday	Friday
Option 1					

Option 2: To leave your child at the club from 3.15pm until sometime between 4.15pm and 6.00pm with a snack provided at a daily charge of £8.50 per day.

	Monday	Tuesday	Wednesday	Thursday	Friday
Option 2					

Parent/carer name: Relation to child:

Mobile number: Parent/carer employer:

Employer's address: Employers Tel:

Parent/carer name: Relation to child:

Mobile number: Parent/carer employer:

Employer's address: Employers Tel:

Name, address and telephone number of family GP:

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..... Tel:

Please give details of any medical conditions or medicines your child uses regularly. If you wish After School Club to administer medicines/inhalers to your child we need written permission on the Administration of Medicines and Treatment Consent Form. We cannot give medicines without written permission.

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Children are provided with a snack. This is not a meal replacement. If there are any food/drinks your child should not have for any reason, please specify:

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Please provide two emergency contact numbers to be used if other numbers given are unobtainable.

1. Name: Relation to child:

Home telephone No: Mobile:

2. Name: Relation to child:

Home telephone No: Mobile:

In order to ensure your child's safety, all persons unknown to the staff will be required to give your child's individual password. This password should be stated here.

Individual child's password is : _____

I consent/do not consent to my child participating in craft activities which may include food preparation under supervision.

I give permission for first aid to be administered to my child in a medical emergency.

I agree to give four week's notice if I reduce the number of days my child attends the club or I withdraw my child from the club. I note that payment will be expected during this four week notice period. Late payment fees apply.

Signed: Parent/carer Date:



I understand that the information given will be held securely and will be used only be used for school administrative and financial purposes.

FOR OFFICIAL USE ONLY

Waiting list: Date:

Monday	Tuesday	Wednesday	Thursday	Friday