



All children who attend, even just once, must be registered with Coaley Primary Academy.

Please complete one registration form per child.

After School Club Registration Form

Child's First Name: Child's Surname:

Child's Home Address (including Postcode):

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Child's Home Phone Number Child's Date of Birth:

Parent/Carers Names:

Day Time Tel No:

Mobile Numbers:

Email Addresses:

Details of persons who may collect your child from The Wrens Club if different from above:

Name & (their relationship to child):(.....)...

Tel No:

Name & (their relationship to child):(.....)...

Tel No:

Name & (their relationship to child):(.....)...

Tel No:

Name & (their relationship to child):(.....)...

Tel No:

Do you consent to your child receiving medical treatment in an emergency Y / N ?

If no, please give details

Name of Child's Doctor:

Name of Surgery & Address:.....

.....

Tel No:

Additional information ie special diet, allergies, health problems or anything else the Play Leaders should know about your child (please continue on the reverse if necessary):

.....

.....

Signed: Name: Date:

Please complete this Registration Form by placing one tick on each row and signing at the bottom. Many Thanks.

Agreement	Yes	No
I give permission for the play work staff to escort my child to the After School Club from school.		
I give permission for the play work staff to take photographs and video recordings of my child for the After School Club album (as a record for inspections).		
I give permission for the use of photographs of my child for promoting the After School Club as identified in my Permission Slip held on school file.		
I consent to any emergency medical treatment necessary during the running of the After School Club.		
I authorise the play work staff to sign any forms of consent required by the hospital authorities if a delay in getting a signature is considered by a doctor to endanger my child's health and safety.		
I am aware that the After School Club runs under the Policies and Procedures of Coaley Primary Academy School. (These are available at all times through our website or by request to the school office).		
I will inform play work staff of any change in circumstances e.g. contact details, my child's health.		
I am fully aware that if a place is booked for my child at After School Club that place must be paid for even if they have not attended.		
I confirm all the details entered on this form are correct and that I have read and understood the clauses and have amended accordingly.		
I confirm that I have read, agreed to and signed the After School Club Terms & Conditions.		
I understand the charging structure and that places must be booked and fees paid preferably via ParentPay in advance of each term.		
SIGNATURE	PRINT NAME	DATE
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