

St. Peter's Catholic Primary School

After School Club – Registration form



First name of child: Surname:

Year: Class:

Date of birth: Age: Male / Female

Address:

..... Post code:

Details of adults with parental responsibility for the child:

1. Name:

Relationship:

Contact nos: Home

Work

Mobile

2. Name:

Relationship:

Contact nos: Home

Work

Mobile

Details of other contact during After School Club hours (if different from above):

Name:

Relationship:

Contact nos: Home

Work

Mobile

Details of any additional people (other than those listed above) who you authorise to collect your child from After School Club (they must be over 16 years of age):

1. Name:

Relationship to child: Mobile no:

2. Name:

Relationship to child: Mobile no:

Do you give permission for your child (Year 6 only) to walk home from After School Club, without an adult collecting them? YES / NO

Medical conditions

Does your child have any medical conditions that After School Club staff should be aware of? YES / NO

If yes, please give details, including any medication held in school in case of an emergency:

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Allergies

Does your child suffer from any allergies, particularly food related allergies? YES / NO

If yes, please give details, including any medication held in school in case of an emergency:

.....

I confirm that I have discussed any food allergies with the school office staff YES / NO

Special dietary requirements

Does your child have any special dietary requirements (for medical, religious or other reasons)? YES / NO

If yes, please give details:

.....

Consents:

My child is in good health and I consider him/her to be capable of taking part in the After School Club activities:
YES / NO

In the event of illness, an accident or medical emergency, I consent to After School Club staff administering
Emergency First Aid and to them seeking necessary medical advice or treatment as required: YES / NO

By signing this form, I confirm that:

- I have read and agree to the After School Club Terms and Conditions, available on the school website: <https://primarysite-prod-sorted.s3.amazonaws.com/st-peters-catholic-primary-school-winchester/UploadedDocument/ee029cbc-0692-499e-94a1-9f01003df2fc/website-terms-conditions-1.pdf>
- I consent to the information contained herein to be held and used in accordance with the General Data Protection Regulations. Please note that this form will be held on file for the purposes of your child attending After School Club, and it will be destroyed after their last day of attendance. GDPR and privacy information is available on the school website.
- I have read all parts of this form, and I confirm that the information given is correct. I understand that it is my responsibility to contact the school office as soon as any of the details change.
- If I have confirmed that my child has any food allergies, I am aware that all After School Club food items are sourced from a local supermarket and as such it cannot be guaranteed that they are free from nut traces or any other allergens.

Signed (parent): **Name (parent):**

Date:

*Please note that your child will not be able to attend After School Club until this form has been completed, signed and returned to the school office. **Please keep a record of the ASC mobile number (07968 016471) in case you need to contact ASC staff between 4pm & 6pm, when the school office is closed.***