

After School Club

Contact details and medical information

Pupil name:		Class:	
Address:			
Date of birth:		Gender: Male / Female	
<u>Details of all persons with parental responsibility</u>			
Full name		Full name	
Address (if different to pupil)		Address (if different to pupil)	
Tel. (mobile)		Tel. (mobile)	
Tel. (home)		Tel. (home)	
Tel. (work)		Tel. (work)	
Email:		Email:	
<u>Does your child have any known medical problems?</u> Yes / No			
Details of medical problem			
<u>Is your child allergic to anything?</u> Yes / No			
Details of allergies			
Name and address of GP			
Tel. (GP)			
Secure password to be used if someone other than parent is collecting:			
Signature		Date	

Nook Lane After School Club

Parent/Carer Contract

Pupil name	
Parent/Carer name	
School	

I understand that:

The After School Club is a childcare facility and that whilst my child is there, the Club is legally responsible for him/her.

My child will be in the care of the After School Club from 3.35pm until 5.40pm/or when collected from the Club.

My child will be provided with a simple healthy snack and drink whilst at the Club unless otherwise requested.

My child will have the opportunity to participate in a number of play/craft activities, in a fun and safe environment.

I will book into the Club on a monthly basis and will pay in advance by the last working day of the previous month.

I understand that payments are non-refundable unless 24 hours notice is given.

It is my responsibility to inform the After School Club of alterations to information regarding my child.

I understand that the After School Club will try to ensure the safety and security of personal property, they cannot be responsible for lost or stolen items

I understand that all children using the Club, their parent/carer, members of staff and volunteers will be treated with respect at all times.

Should there be any incident involving my child I will be informed of the situation.

If my child has an accident I will be informed of the situation as soon as possible. A qualified first aider will be available. In the event that my child needs urgent medical attention the emergency services will be contacted.

I understand that a secure password will need to be given if anyone without parental responsibility is collecting my child.

Any information regarding my child will be treated as confidential. However, there may be times, for example child protection concerns, where details of my child may be passed on to other agencies.

I have read and understood the above terms and conditions and I agree to abide by them.

Signature..... Date.....

Relationship to child.....