Leverton Primary After School Club and Breakfast Club Registration Form

**Child’s Details** **Date of Registration:**

|  |  |  |
| --- | --- | --- |
| First Name: | Surname: | What s/he likes to be called: |
| Date of Birth: | First language: | Name of key person: |

**Parent/Guardian Details**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Title: | First name: | | Surname: | Title: | First name: | | Surname: |
| Home Address: | | | | Home Address (if different) | | | |
| Does this child normally live at this address? Yes/No | | | | Does this child normally live at this address? Yes/No | | | |
| Work Address: | | | | Work Address: | | | |
| Home Number: | | Mobile Number: | Work Number: | Home Number: | | Mobile Number: | Work Number: |
| Email Address: | | | | Email Address: | | | |
| Does this person have parental responsibility? Yes/No | | | | Does this person have parental responsibility? Yes/No | | | |
| Does anyone else have parental responsibility? Yes/No (If yes, please provide details on a separate sheet) | | | | | | | |

**Emergency Contact Details** (Please provide details of two people we can contact if we are unable to get hold of you)

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | Telephone Number: | Mobile Number: | |
| Address: | | | Relationship to the child: |
| Name: | Telephone Number: | Mobile Number: | |
| Address: | | | Relationship to the child: |

**Childs Doctor**

|  |  |
| --- | --- |
| Name of Doctor: | |
| Address: | Telephone: |

**About your child**

|  |
| --- |
| Please detail any additional/special needs your child has (please provide full details) |
| Please detail any dietary requirements/food allergies for your child (please provide full details) |
| Is there anything you would like us to be aware of about your child? |
| What are your child’s favourite activities? |

I would like my child to attend breakfast club on the following days

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Monday | Tuesday | Wednesday | Thursday | Friday |

I would like my child to attend after school club on the following days

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Monday | Tuesday | Wednesday | Thursday | Friday |

If your child is not going to attend due to illness or any other reason that you contact Mrs Pentelow on 07761729756 by text by 12.00pm to cancel their place for the day. £9.50 will be charged if the ASC staff are not informed by this time.

Security Password for collecting your child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parental Agreement**

I agree to give 2 weeks’ notice for any changes regarding my child’s place at the After School Club.

I agree to give permission for the After School Club to administer medication (you will be contacted for verbal permission before medication is administered)

I agree to photographs being taken to be used within the After School Club.

I agree to pay fees in advance via the Leverton App or Direct into Bank Acount

Leverton Primary School – Sort code 309417 – Account No 00097607.

Signature of Parent/Carer Date:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The Data Protection Act 1998: The school is registered under the Data Protection Act for holding personal data. The school has a duty to protect this information and keep it up to date. The school is required to share some of the data with the local authority and with DFE.

Completed form must be returned to either the school office or emailed to [extendedschools@leverton.essex.sch.uk](mailto:extendedschools@leverton.essex.sch.uk)