



THE CRESCENT PRIMARY SCHOOL EXTENDED SERVICES

THE AFTER SCHOOL CLUB REGISTRATION AND BOOKING FORM

Childs details:

Name		DOB		Class	
------	--	-----	--	-------	--

Parent / Carer contact details:

Name					
Home Tel.		Mobile:		Work Tel.	
Email					

Other emergency contact details:

Name & Address		Relationship	
Home Tel.		Mobile:	Work Tel.

Booking form:

Tick the box to indicate the session(s) you wish your child to attend

Monday	Tuesday	Wednesday	Thursday	Friday
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Requested dates:
 I would like my child to attend from: _____ to _____ .

Please provide all the names of the responsible persons for the collection of your child from the club – your child will not be allowed home without the responsible adults named.

Person authorised to collect my child:

Name		Relationship	
Tel.		Mobile:	Work Tel.
Any others authorised (Name &Tel)			

Medical and dietary information:

Child's Name:	
Name of Child's Doctor:	
Doctor's Address:	
Doctor's Telephone No.	
Please list any medical conditions (e.g. asthma):	
<ul style="list-style-type: none">▪▪	
Please list any medical allergies (e.g. allergic to penicillin):	
<ul style="list-style-type: none">▪▪	
Please list any dietary/food allergies (e.g. dairy):	
<ul style="list-style-type: none">▪▪	

First aid consent:

To give your consent, please tick the boxes

- I give permission for first aid to be carried out on my behalf by a trained first-aider.
- I consent to any emergency medical treatment necessary during the running of the club.
- I authorise The Crescent Primary School After School Club staff to sign any written consent required by the hospital authorities if the delay in getting my signature is considered by the doctor to endanger my child's health and safety.

In signing this form, I declare the information to be true and accurate. I have read the Terms and Conditions of The Crescent Primary School Extended Services and agree to follow its policies and procedures including the late collection policy.

Name: _____

Signature: _____

Date: _____

ADMIN USE ONLY

Registered:

Parent Pay: