

# Registration Form – Out of school care

## **Child's details:**

Child's first name ..... Sex M/F  
Child's surname ..... D.O.B .....  
Child's first language.....Second.....  
Bilingual ...../.....  
Address ..... Phone.....  
.....  
..... Postcode.....

## **Parent's details:**

Mother .....	Father .....
Address .....	.....
.....	.....
Postcode .....	.....
Email .....	.....
Phone Work .....	.....
Home .....	.....
Mobile .....	.....

Who has parental responsibility? .....  
Who has legal contact with the child? .....

In the event of an Emergency if neither of the above can be contacted, please call:

Name: .....  
Relationship: .....  
Contact No: .....

Please provide details of all persons who you authorise to pick up your child:

<u>Name</u>	<u>Contact number</u>
.....	.....
.....	.....
.....	.....

Photograph/password to be provided.

Please indicate below, the times when out of school care is required;

Day/session	Monday	Tuesday	Wednesday	Thursday	Friday
Breakfast club – Den (7.30-9)					
Afterschool – Den (3-6)					
Cuthmans (3-6)					

Preferred start date: .....

**Additional information:**

GP Name .....

GP Address .....

.....

GP contact number .....

Please advise of any allergies, illnesses or GP prescribed medication -

.....  
.....  
.....  
.....

Please detail any special dietary requirements -

.....  
.....  
.....  
.....

Does your child have any additional needs?

.....  
.....  
.....

**Ethnic Origin:**

Please tick the box which applies to you. This information is for equal opportunities monitoring.

White            Black Caribbean    Black African            Black (other)  
Indian           Pakistani            Bangladeshi            Chinese

Other \_\_\_\_\_

**Additional consents:**

From time to time, we would like to take photographs of the staff, children and activities within the Setting for which we seek your permission.

I agree/disagree to have my child photographed\*

Consent is requested in the event that the emergency services are required to be called to attend to your child or emergency treatment is needed.

I agree/disagree\*

\*delete as appropriate

**Parent's declaration:**

By signing and submitting this registration form, I am confirming that I have read and agree to Elan's Out of School Provision Terms and Conditions, and I agree to pay all relevant fees as they fall due.

Parent's signature ..... Date .....

For office use only

Registration fee paid: £ \_\_\_\_\_ Date: \_\_\_\_\_ Payment method: \_\_\_\_\_

Deposit paid: £ \_\_\_\_\_ Date: \_\_\_\_\_ Payment method: \_\_\_\_\_

Agreed start date: \_\_\_\_\_

Confirmation letter sent: yes/no    Date letter sent: \_\_\_\_\_

Staff signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please print staff name: \_\_\_\_\_