

Registration form for After School Provision

Please can you complete this form and return it to school so our ASP contact details and information is up to date.

I give permission for _____ Class _____ to attend after school club (ASP).

I agree to collect my child from after school club no later than 5:45pm.

I agree that my child will follow the rules of the school whilst at after school club.

I agree that the person in charge of my child can administer first aid if and when necessary.

I agree to my son/daughter receiving medication as instructed and any emergency dental, medical or surgical treatment including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.

Name of family doctor: _____ Doctor's telephone: _____

Please give details of any medical conditions or allergies your child has or may have.

Please give emergency contact details for your child. (Please always ensure these are up to date)

1)

2)

3)

Parent/Carer Signature: _____ Date: _____

Collecting Procedure for After School Provision

Please fill out the form below and return to the school office.

We need to know who will be collecting your child from ASP. We have a very strict procedure at the end of the day and will only let your child be collected by a named adult listed on your form or someone you have informed us about.

If in case of emergency and the named person is unable to collect your child, please call the office or ASP on 01474 822 535. Please note that we will not let your child be collected by anyone other than those named below unless we are notified. Please note that all children should be collected by 5:45pm at the latest. If you are running late please be in contact with the ASP staff. There will be a late fee of £5 per child for time up to the first 10 minutes and £5 for every ten minutes after. This will cover the overtime of staff involved.

If you need to change any details, please let the school office know so this can be updated.

Please list any other adults who may collect your child occasionally or in case of an emergency (name and relationship to your child, e.g. grandparents or family friend)

- 1)
- 2)
- 3)
- 4)

Password _____. This password must be used by any adult collecting your child. Thank you.