



FOXES BEFORE AND AFTER SCHOOL CLUB REGISTRATION FORM & CONTRACT



CHILD'S FULL NAME:		PREFERRED NAME:	
DATE OF BIRTH:	GENDER:	LANGUAGE SPOKEN:	
ETHNICITY:		RELIGION:	
MEDICAL INFORMATION			
ALLERGIES:			
DIETRY REQUIREMENTS:			
OTHER MEDICAL INFORMATION:			
DOCTORS NAME:		TELEPHONE NUMBER:	
SURGERY NAME & ADDRESS:			
PRIMARY CARER EMERGENCY CONTACT INFORMATION			
PARENT/CARER NAME:		RELATIONSHIP TO CHILD:	
ADDRESS:			
MOBILE NUMBER:		HOME NUMBER:	
OTHER EMERGENCY CONTACTS			
1.	NAME:		RELATIONSHIP TO CHILD:
	MOBILE NUMBER:		HOME NUMBER:
	EMERGENCY CONTACT: Y / N		COLLECTION AUTHORISATION: Y / N
2.	NAME:		RELATIONSHIP TO CHILD:
	MOBILE NUMBER:		HOME NUMBER:
	EMERGENCY CONTACT: Y / N		COLLECTION AUTHORISATION: Y / N
3.	NAME:		RELATIONSHIP TO CHILD:
	MOBILE NUMBER:		HOME NUMBER:
	EMERGENCY CONTACT: Y / N		COLLECTION AUTHORISATION: Y / N
SIGNED (PARENT/CARER):		DATE:	

Please turn over to complete Parent Contract

GDPR 2018: The data requested on this form is necessary for the school to comply with its legal obligations and to protect a pupil's vital interests. The information requested will be used to administer the named child's progress through the education system. It may be shared with the DfE, LA, schools or colleges with whom the child is or becomes associated, training establishments, health and welfare practitioners and other organisations who may from time to time be nominated by the DfE. Please see the School's Privacy Notice, which explains how we process this information.



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Child's name: _____ **Date of birth:** _____

I hereby consent for my child to take up a place at 'Foxes' according to the terms and conditions set out in its policies and procedures.

I agree to pay the administration charge and for the bookings I have made on my booking form in advance.

I understand that all booked sessions need to be paid for and cannot be cancelled or amended.

I have understood the expectations and obligations relating to both myself and the club and agree to abide by them.

I understand that 'Foxes' take no responsibility for any items or valuables brought to the club.

I understand that persistent late or non-payment of fees will jeopardise my child's continued attendance at the club.

I promise to advise the Manager of any changes to the given information immediately and will inform them of any clubs they are to attend.

I give consent for a qualified first aider to administer any medical treatment, which is urgently required.

I give consent for my child to be included in any photograph for use in Foxes **yes / no**

I give consent for my child to be included in any photograph for use externally **yes / no**

I give consent for my child to receive Face Painting **yes / no**

Please provide a password which can be used in the event of emergency, allowing you to arrange somebody else to come to collect your child: _____

Signed: _____
(parent/carer)

Date: _____