

# MOORTHORPE AFTER SCHOOL CLUB

## Information Pack

Mrs S Picton  
07938 945355

### Prices

#### Breakfast Club

7:45 – 8:40

Including breakfast £2.20

8:20 – 8:40 Drop off only £1.00

Breakfast available from 7:45 until 8:20

#### After School Club

3:00 – 5:15

Including light meal £6.50

All prices are per child

**CHILD REGISTRATION FORM**

It is a requirement of the after school club that each child has a completed and up-to- date registration form. The information provided forms part of your contract with the club and it is your responsibility to notify us of any changes.

**Child's Details**

**Name of Child:** \_\_\_\_\_

**Name by which your child likes to be called:** \_\_\_\_\_

**Age:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Does your child have any medical conditions YES / NO**

**If YES please state:** \_\_\_\_\_

\_\_\_\_\_

**Does your child require any continuous medicine during their hours of attendance (e.g inhaler)**

**YES / NO**

**Please state:** \_\_\_\_\_

**Does your child have any allergies YES / NO**

**Please state:** \_\_\_\_\_

\_\_\_\_\_

**Does your child have medication in case of an emergency YES / NO**

**Please state:** \_\_\_\_\_

**Child's Doctor**

**Name:** \_\_\_\_\_

**Surgery Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Parent / Carer Information**

**Primary Carer**

Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

**Work Details** Are you employed? YES / NO

Company Name: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Which number would you prefer us to contact you on HOME / WORK / MOBILE

**Parent / Carer Information**

Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Address (if different to primary carer) \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

**Work Details** Are you employed? YES / NO

Company Name: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Which number would you prefer us to contact you on HOME / WORK / MOBILE

**BOOKING FORM**

Please complete this form accurately, as it will be used to calculate and agree the fees payable. This form is part of your contract with the club and must be signed by you and the manager before your child may attend.

- A separate booking form is required for each child

Child's Name: \_\_\_\_\_

Age : \_\_\_\_\_ years \_\_\_\_\_ months

Start date required: \_\_\_\_\_ Date submitted: \_\_\_\_\_

Sessions required (Please tick and indicate anticipated collection time)

**Monday** \_\_\_\_\_ **pm**

**Tuesday** \_\_\_\_\_ **pm**

**Wednesday** \_\_\_\_\_ **pm**

**Thursday** \_\_\_\_\_ **pm**

**Friday** \_\_\_\_\_ **pm**

**Place Bookings**

If you wish to change a place booking, a new booking form must be completed, agreed and signed in line with the agreed notice period (at least 2 weeks in advance). If your preferred change cannot be accommodated, you may choose to continue with your current booking, and be placed on the waiting list for the new dates or be deemed to have given notice to terminate your contract on the date when your new form was submitted to the manager.

**Emergency Booking**

Where possible we will try to accommodate families that require this service. Please contact the club as soon as possible in advance or on the day that care is required so that registers and staffing ratios can be consulted. Places can also be paid for on the day, if required.

## Collection of Children

In accordance with the club drop off and policy, we will only release a child at the end of the day to the primary carer or identified parent / carer, If a recognised person is unable to collect the child from the club, you should contact the club manager or senior member of staff on duty and complete an identification check.

It is important to notify staff of any person(s) that may not have contact with your child. You must provide appropriate legal documents to support this. Without this documentation, the club is not permitted to refuse contact with a parent / carer or family member.

### **Emergency Contact**

In case of an emergency, we would make every effort to contact the primary carer and the parent / carer [if specified]. However, we realise that this is not always possible and request at least one name of a suitable person to contact.

**Name:** \_\_\_\_\_

**Relationship to Child:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Relationship to Child:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Form completed by :** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**CONTINUOUS MEDICATION FORM**

Child's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Name / Type of Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_

Start of Prescription : \_\_\_\_\_

End of Prescription : \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Doctor's Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Doctor's Telephone Number: \_\_\_\_\_

Any other relevant medical information (ie Allergies, family medical history etc):

\_\_\_\_\_

\_\_\_\_\_

Name of Parents / Carers: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

Child's Medical Number: \_\_\_\_\_

**I hereby consent to the Manager, or delegated member of staff, administering the above medication according to the details given here and any other relevant medical advice.**

Signature of Parent / Carer: \_\_\_\_\_ Date: \_\_\_\_\_

**If you have any questions or comments please get in touch with the Manager.**

**Members of staff of the Club will not be able to administer medication to your child if you do not complete and return this form. Under no circumstances will members administer medication against the will of a child**

You will be expected to countersign the medicine book on collection of your child to acknowledge that medicine was administered.