



Forsbrook Out of School Club

Dear Parents,

R.E- Registration 2020-2021

Please find enclosed registration form for completion in order to reserve your child's place at Care Club during the next school year. Please complete all of the information on the registration form and accompanying "choice of sessions" forms ensuring that everyone who is authorised to collect your child also signs the form.

As you are accepting the Club's terms and conditions set out in its policies and procedures, please take the time to read any policies you are not familiar with. You will find a copy of all of our policies on our Parent's Notice Board.

This year an **annual charge of £5 is payable with your registration documents.** There will be a concession for parents who have more than one child attending the club as a **family registration fee of £8** will cover all members of the family. This charge will be applied to all children to cover insurance and administration. It will also be used to supplement existing toys and equipment. Thank you for your continued support.

PLEASE PAY THIS USING YOU PARENTPAY ACCOUNT

Yours sincerely

Mrs Holdcroft

Care Club Manager

Child's Name _____

Please tick the permanent sessions you require in the table below together with the required registration fee. We do ask parents to ensure that the sessions ticked are definitely those required as once the registration has been accepted 1 months' notice is required for permanent changes or cancellations.

If your child is sent home from school please ensure that you inform Forsbrook Care Club. Unfortunately these sessions will still be charged as staff ratios must be maintained for the safety of all children. You cannot swap sessions however; extras can be booked subject to available space.

I wish my child to attend the Care Club for the following sessions commencing on (Please insert date of first session)

(Please tick each session required)

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
7.30AM- 8.45AM £5					
3.15PM- 6.00PM £7					

Parents Signature: _____ Date: _____

Print Name _____

N.B if you require more than once place please complete a form for each child.

Registration Form

Child's Full Name: _____ Date of birth: _____

Ethnicity: _____ Religion: _____ Class: _____

Name of people with Parental
Responsibility: _____

Names of people with Legal Contact: _____

Parents/Carers

Name:	Name:
Home address:	Home Address:
Postcode:	Postcode:
Telephone:	Telephone:
Mobile:	Mobile:
Work Address:	Work Address:
Telephone:	Telephone:
Personal Email Address:	Personal Email Address:

In an emergency please contact:

Name:	Name:
Relationship to child:	Relationship to child:
Home telephone:	Home telephone:
Mobile:	Mobile:

Persons Authorised to collect:

Name:	Contact number:

Please provide us with a password for your child so that if there is ever an incident where your child is to be collect by someone who's not listed above we are able to release them into their care.

Password _____

Medical

Child's Doctor:
Telephone number:
Doctors Address:
Details of any significant medical or dietary requirements, allergies and significant food and drink preferences. Please state below:

I give permission for my child to:

	YES	NO
Receive treatment at hospital or Accident Unit		
Have plasters applied		
Be included on photographs		
Wear face paints		
Watch DVD's rated U and PG		
Have sun cream applied by a member of staff		

I hereby accept a place at Forsbrook Care Club for my child in accordance with the terms and conditions set out in its policies and procedures. I understand the expectations and obligations relating to both the club and myself and agree to abide by them. I understand that persistent late or non- payment of fees will jeopardise my child's continued attendance at the club. I confirm that the information given is correct and promise to advise the Manager or Assistants of any change to the details provided.

I wish to reserve a place for my child/children by enclosing the £5.00 registration fee per child or £8.00 for my family. Using my parent pay account

Payment enclosed_____

Signature of Parent/Guardian_____ Date_____