**NIGHT OWLS**

**After School Club**

 **Registration Form**

THIS FORM IS TO BE USED FOR AFTER SCHOOL CLUB ONLY

Child’s Details

|  |  |
| --- | --- |
| First name: | Surname: |
| Date of birth: |  | Year: | Class: |

Parent/Guardian details

|  |  |
| --- | --- |
| Name:  | Relationship to child: |
| Contact Tel No 1: | Contact Tel No 2: |

**Emergency Contact Details** *(please provide details of two people we can contact if we are unable to get hold of you)*

|  |  |
| --- | --- |
| Name:  | Relationship to child: |
| Contact Number: |
| Name:  | Relationship to child: |
| Contact Number: |

Medical Details

|  |  |
| --- | --- |
| Name of Doctor: | Telephone: |
| Any medical conditions: |

About your child

|  |
| --- |
| Please detail any additional/special needs your child has: *(continue overleaf if necessary)* |
| Please detail any dietary requirements / food allergies: *(continue overleaf if necessary)* |

ALL BOOKINGS AND PAYMENTS MUST BE MADE VIA THE PARENTPAY BOOKING SYSTEM AT LEAST 2 DAYS PRIOR TO DATE OF ATTENDANCE TO ENSURE A PLACE IS AVAILABLE FOR YOUR CHILD.

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

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**Night Owls After School Club**

**Contract with Parents**

Child’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Class \_\_\_\_\_\_\_\_\_\_\_\_

Parent/Carers name

* I consent for my child to attend Night Owls After School Club. I understand there are expectations and obligations relating both to the club and to myself and my child, and I agree to abide by them.
* My child will be provided with a snack and drink during the session.
* Once my child arrives at Night Owls After School Club he/she will be in the care of the club until collected and signed out by an authorised person.
* I will notify the club before the start of the session if I am collecting my child from school on a day that he/she is booked to attend the club. I understand that I will be charged for the booked session.
* I will pay promptly for all booked sessions whether my child attends or not (eg due to illness or holidays), unless I have made other arrangements with the Headteacher.
* I understand that non-payment or late payment could lead to the withdrawal of my child’s place at the club.
* It is my responsibility to keep the club informed of any alterations to the information regarding my child (e.g. contact details, medical conditions, etc).
* Night Owls After School Club closes at 6.00pm. If, due to unforeseen circumstances, I am going to be late, I will contact the manager/deputy as soon as possible.
* If I do not collect my child by 6.00pm I will pay a charge of £15 to cover the costs of the staff who are legally required to supervise my child.
* If I do not collect my child by 7.00pm, and the club has been unable to reach me or any of my emergency contacts, I understand that Night Owls After School Club will contact Social Care.
* Whilst Night Owls After School Club tries to ensure the safety and security of items, I understand that it cannot be held responsible for loss or damage to my child’s property whilst at the Club.
* If there are any accidents or incidents at Night Owls After School Club involving my child, I will be informed.
* I understand that if there are incidents of bad/aggressive behaviour from my child school can withdraw their place from the Club.
* If my child has an accident at the club, he/she will be treated by a responsible adult. If my child needs urgent medical treatment and I am unavailable, a member of staff from Night Owls After School Club will sign any consent forms necessary for treatment on my behalf.
* Information held by Night Owls After School Club regarding my child will be treated as confidential. However, in certain circumstances, for example if there are child protection concerns, I understand that the club has a legal duty to pass certain information on to other agencies, including Police, Social Care and health care professionals.
* I understand that aggressive and abusive behaviour towards staff will not be tolerated.
* I have read and **understood** the above terms and conditions and I agree to abide by them.

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

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