

# Long Sutton After School Kids Club Registration form

Child's full name: .....

School: .....

Toy Box Yes/No

Reception child: Yes / No

Class: .....

Afterschool Club: Yes/No

Breakfast Club: Yes/No

Days requested: (Please circle)

Breakfast club: Mon / Tues / Wed / Thurs / Friday

Afterschool club: Session 1 Mon / Tues / Wed / Thurs / Friday

Session 2 Mon / Tues / Wed / Thurs / Friday

Start date required: .....

Preferred name: .....

Date of Birth: ..... Gender: Male/Female

Home Address:

.....  
.....

1. Name of Parent /Guardian:.....

Relationship to child:.....

Day Time Tel: .....Eve Tel: .....

Mobile Tel: .....E-mail: .....

2. Name of Parent /Guardian: .....

Relationship to child:.....

Day Time Tel: .....Eve Tel: .....

Mobile Tel: ..... E-mail:

.....

Name of person who has Parental responsibility: .....

Name of person who has Legal contact & not responsibility:

.....

Are there any 'shared care' arrangements that may affect collection from Kids Club (please specify):

.....

Alternative emergency contact: Name .....

Daytime tel: ..... Mobile: .....

Other Names of people who can collect, other than named above.....

.....

Collection Password if required.....

Details of any special needs:

.....

Medical conditions, Allergies and Medication:

.....

Dietary Needs:

.....

Doctors Name: ..... Tel: .....

Address:

.....

.....

Details of Cultural & /or Religious requirements:

.....

**I enclose my registration fee of £10.00 per child** and confirm that I have read the 'terms and conditions' of Long Sutton After School Club and agree to abide by them and will notify LSASC in writing if any of my details as stated above change.

Signature of Parent/Guardian: .....

Date: .....

Name Printed: .....

Office use only	Date form received
Registration fee paid	Days offered
Start date offered	Date days and start date confirmed in writing
Deposit requested	

**Long Sutton After School Club  
Permission form**

**Child's Name:**

**School:**

To comply with the Data Protection Act 1998 and Ofsted regulations, we require your permission for the following:

*Please circle your answer*

My child to receive emergency medical treatment if necessary YES/NO

My child to go on local outings within walking distance YES/NO  
(to include visits to local parks, playgrounds)

My child to travel in a member of staff's car, in compliance with Ofsted regulations YES/NO

My child to participate in swimming activities YES/NO

(Please circle their level of ability)

Cannot swim          Swim 25 meters          Swim 50 metres          Swim 100 metres

Sunscreen (provided by parent) to be applied as and when required by a member of staff  
YES/NO

I give my permission for photographs or videos to be taken of my child (unidentified by their full name) to be displayed

At the club YES/NO

In publications YES/NO

On the Website YES/NO

*(Please note that websites can be viewed throughout the world and not just the United Kingdom)*

Some activities attract elements of the media, do you consent to your child being photographed by **local newspapers and other news media** on the basis that their **full names will be published along with their picture?** YES/NO

Do you give consent for your child's image to appear on Newspaper website or on television images? These publishers will be asked to avoid using your child's name, unless you give permission for their name to be disclosed. YES/NO

I have read and understood the permission form. My decision on whether to give consent will remain valid for the duration of my child's involvement in the organisation, unless I notify them in writing.

Parent/Carer's Name: .....

Parent/Carer's Signature: .....

Date: .....

**PLEASE RETURN: to the club supervisor or Office at Long Sutton School**