



Beardall Fields Primary and Nursery  
After School Club Membership Form

Child's Surname

Forename(s)

Date of birth

age

Class & Teacher's name:

I will be using childcare vouchers to pay - my workplace provider is:

Home Address:

Post code:

Home phone no.....

Mobile phone .....Name.....

Mobile phone ..... Name.....

Parent/Carer's name .....

Employer ..... Work tel no.....

Additional Parent/Carer's name ..... Address

(if different from above) .....

Employer ..... Work tel no .....

In the case of an emergency we will contact a parent as stated above, if unavailable, please give two further contact details (ie grandparents, other relatives or close friends/neighbour)

1<sup>st</sup> Emergency contact name ..... Tel No .....

2<sup>nd</sup> Emergency contact name ..... Tel No .....

Does your child have any medical conditions of which we should be aware ie asthma, epilepsy, diabetes, known allergies?  
Is there a pump in school?

Does your child have any specific dietary needs or food intolerance of which we should be aware of?

I give permission for my child to use their prescribed inhaler whilst attending the After School Club.  
Signed  
Parent/Carer

In the event of my child requiring emergency treatment and the staff being unable to contact me, I give consent for the member of staff accompanying my child to approve the application of any emergency treatment including anaesthetic advised by the medical authorities for the well being of my child.  
Signed  
Parent/Carer

I give permission for After School Club staff to take digital photos of my child enjoying their time at club. These photos may be used on our website.  
Signed  
Parent/Carer

**I understand that if my child is not collected until after 6 p.m. I will incur a fine of £6 which I will pay on ParentPay.**

**I WILL PAY IN ADVANCE FOR ANY AFTER SCHOOL SESSIONS.**

Signed ..... Print Name ..... Date.....

Please return this form to the School Office

