



Beardall Fields Primary and Nursery  
After School Club Membership Form

Child's Surname

Forename(s)

Date of birth

age

Class & Teacher's name:

**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?

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

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

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
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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
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**I understand that if my child is not collected until after 6 p.m. I will incur a fine of £6.50 which I will pay on ParentPay.**

**I understand that I will be charged for any sessions cancelled on the day and any sessions not taken up due to illness or holiday.**

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

To ensure your child's safety we are introducing a 'code name' policy. Please provide a code name in the box below. This will be asked for if a parent is not able to collect your child. If you send someone else to collect your child, please make sure they know the code name or they will not be allowed to take your child.

Signed .....

Print Name .....

Date.....

Please return this form to the School Office

