****Robins Lane Community Primary School

**After School Provision Registration Form and Parental Contract**

**I understand that ASC has to be booked and paid for, in full, in advance of the booking and that late charges may apply if my child is collected after the close of the provision at 5.45pm.**

Signature: ………………………………………….

Print Name: ……………………………...............

**I give consent for my child’s photo to be taken when participating in ASC activities.**

Signature: ………………………………………….

Print Name: ……………………………...............

**I authorise the ASC staff to sign any written form of consent required by hospital authorities if the delay in getting in my signature is considered by the doctor to endanger my child’s health and safety.**

Signature: ………………………………………….

Print Name: ……………………………...............

**I consent to my child undergoing any medical treatment necessary during the running of the club.**

Signature: ………………………………………….

Print Name: ……………………………...............

**Consent**

**I have read and understood the After School Club Policy issued with this registration form.**

Signature: ………………………………………….

Print Name: ……………………………...............

**Medical**

Does your child have any special medical problems, i.e. special diet, asthma, allergies or special needs? If so, please detail below.

……………………………………………………….

Name of Child’s GP: ……………………………...

Address of GP Surgery: ………………………….

……………………………………………………….

Tel No.: …………………………………………….

**Password**

Please provide us with a password which will be requested when any adult, other than the parent/carer, collects your child from ASC.

……………………………………………………….

**Your password will be stored confidentially.**

**Ethnic/Cultural**

We want our ASC to provide equal opportunities to all. Please assist us by providing the following details:

**Ethnic Origin**

White British European Asian

Black British African Other

**Emergency Contacts**

Please detail below the name and address of persons other than the parent/carer named above who may be contacted in case of an emergency.

**Emergency Contact 1:**

Name: ………………………………………………

Tel No.: ………………………………………

Home Address: ……………………………………

……………………………………………………….

**Emergency Contact 2:**

Name: ………………………………………………

Tel No.: ………………………………………

Home Address: ……………………………………

……………………………………………………….

**Child’s Details**

Name: ………………………………………………

Date of Birth: ………………………………………

Home Address: ……………………………………

……………………………………………………….

……………………………………………………….

Home Tel No.: ……………………………………..

Name of Parent/Carer: …………………………...

Mobile Tel No.: …………………………………….