



**Robins Lane Community Primary School**  
**After School Provision Registration Form and Parental Contract**

**Child's Details**

Name: .....  
 Date of Birth: .....  
 Home Address: .....  
 .....  
 Home Tel No.: .....  
 Name of Parent/Carer: .....  
 Mobile Tel No.: .....  
 Email Address: .....

*(For information on how we use and store your data, please see our Data Protection Policy.)*

**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: .....  
 .....

**Ethnic/Cultural**

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

**Ethnic Origin:** .....

**Named Adults / Password**

Please provide us with the names of adults, over the age of 16, who can collect your child from the club:

1..... 2.....  
 3..... 4.....

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

.....

I confirm that I am registered with ParentPay.

YES / NO \*please circle

**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.: .....

**I have read and agree to the terms & conditions of the After School Club Policy issued with this registration form.**

Signature: .....  
 Print Name: .....  
 Date: .....

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

Signature: .....  
 Print Name: .....  
 Date: .....

**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: .....  
 Date: .....

**I give consent for my child's photo to be taken when participating in ASC activities. \*I also agree for photos to be used on the schools' website and social media: YES / NO (please circle)**

Signature: .....  
 Print Name: .....  
 Date: .....

**I understand that ASC has to be booked and paid for, in full, by each Friday at 12 noon for sessions in the following week and that late charges will apply if my child is collected after the close of the provision.**

Signature: .....  
 Print Name: .....  
 Date: .....