

## BASTON CE PRIMARY SCHOOL ACTIV8 BEFORE AND AFTER SCHOOL CLUB REGISTRATION FORM



The following information is totally confidential and will be held as a permanent record to support Baston CE Primary School's Activ8 Before and After School Club's bookings. Please advise us immediately of any changes.

Important note: Password required for collecting child for those not listed below as emergency contacts.

Surname:		First Name:		
Date of Birth		Password:		
2 1/2 2 1 1/2			(2)	
Parent/Carer Details (1):		Parent/Carer Details (2):		
Name:		Name:		
Address:		Address:		
Home/Mobile No:		Home/Mobile No:		
Daytime/work telephone number & extension		Daytime/work te	lephone numbe	r & extension
Email:		Email:		
For any or Contact of the state	.1			
Emergency Contacts: please give details of two other people that can be contacted in the case of an emergency and that they are able to collect your child should the need arise:				
Name		tionship	Telephone Number	
1.		•	•	
2.				
Details of any special dietary requirements, listing	any al	llergies to food:		
Details of any special dietary requirements, listing	any al	llergies to food:		
Details of any special dietary requirements, listing  Details of any other allergies (plasters, pollen, dust				
Details of any other allergies (plasters, pollen, dus				
Details of any other allergies (plasters, pollen, dust Details of any additional/special needs:	t etc.)			Chata Vas (Na
Details of any other allergies (plasters, pollen, dusting Details of any additional/special needs:  I consent to any emergency medical treatment needs	t etc.)	y whilst my child is		State Yes/No
Details of any other allergies (plasters, pollen, dusting Details of any additional/special needs:  I consent to any emergency medical treatment neattendance at the Club. I authorise Club staff to si	t etc.) cessar	y whilst my child is y form of written co	onsent to	State Yes/No
Details of any other allergies (plasters, pollen, dusting Details of any additional/special needs:  I consent to any emergency medical treatment needs	t etc.) cessar	y whilst my child is y form of written co	onsent to	State Yes/No

PARENTAL PERMISSIONS:				
PLEASE READ THE FOLLOWING STATEMENTS AND WRITE 'YES' OR 'NO' IN THE BOX TO THE RIGHT OF EACH STATEMENT:				
Photographs/Moving Images: Occasionally, we may take photographs	ographs of the children in			
our care.				
Do you agree to the use of your child's photograph/video footage being used in pudisplay boards etc. for Activ8 promotional purposes (Names will not be used in comphotographs/footage)?				
Do you agree to the use by Activ8 of your child's image on the school's website	?			
Do you agree for your child to appear in press coverage relating to Activ8?				
Out of School Activity: Your consent is required for your child to activities:	take part in certain			
Do you agree to your child taking part in cooking and tasting activities?				
Do you agree to your child watching PG rated films?				
Do you agree to your child using the Internet?				
Do you agree to your child walking to local areas, e.g. park, in a group with other under adult supervision?	er children			
Do you agree to your child having their face painted?				
Do you agree to your child taking part in messy play activities?				
Declaration/Consent:				
I hereby consent for my child to take up a place at this Club, according to the Terms and				
Conditions and its policies and procedures as set out in the Parents Handbook				
Policy. I have understood the expectations and obligations relating to both my Club and agree to abide by them.	self and the			
I have given a security password for contacts not listed on the registration form collect my child.	n wno may			
I have read a copy of the Club's Parents Handbook and Charging Policy which con the school's website.	an be viewed			
I understand that persistent late payment or non-payment of fees will jeopardi my child's continued attendance at the Club.	se			
I confirm that the information given above is correct and I promise to contact t immediately if any of the details change.	he school			
Signature of Parent/Carer:	Date:			

Please return form to: The school Office (This information may be stored electronically. All information is kept in accordance with the Data Protection Act and held in strictest confidence).