Registration Form

The Playstation Out of School Club									
Sandy Lane Primary School									
Sandy Lane									
Bracknell									
Berkshire									
RG12 2JG									
07940717051									
OFSTED Registration nur	nber: 119.	246							
Child(ren)s Name(s)	Age / D.0	O.B		School	and Y	ear	F	irst Language	
My child(ren) will be a	ttending								
(Please delete as approp	riate)								
Breakfast Club	MON	TUES	WED	ТН	URS	FRI			
After School Club	MON	TUES	WED	TH	URS	FRI			
Holiday Club	MON	TUES	WED) TH	IURS	FRI			
Main Parent/Carer Name				Mok	oile Nu	mber			
Home Address				Hon	ne Nun	nber			
Legal Parental	YES/N	0		Wor	k Num	her			
Responsibility	1.1.3/14	•		7001	KINUII	.DCI			
•									

Please inform the manager if parental responsibilities apply.

Registration Form

Emergency Contact Details:

In case we are not able to get in contact with you please give details of an additional adult who may collect your child(ren)

Name		Home Address				
Home and Mobile number		Relationship to child				
number						
Should my child need to be collected in an emergency by an individual not named on this form, I will contact the club manager to advise him/her of the individuals name, and the individual will use the						
following password:	T to advise minyrier or the	muividuais name, and the	e maividual will use the			
<u>Medical Information</u>						
G.P Name						
G.P Surgery						
G.P Address						

Please state if your child has any **ALLERGIES, DIETARY REQUIREMENTS OR OTHER MEDICAL CONDTIONS**. Please complete a medication form if your child will need to take prescribed medication whilst in our care.

Name of child	Medical/Dietary notes

Please continue on a separate sheet if necessary.

Registration Form

Emergency medical advice or treatment

I give permission for The Playstation to seek any necessary emergency medical advice or treatment
in the event that my child(ren) is involved in a serious accident. I will be contacted by The Playstation
immediately on one of the numbers I have supplied on this form should this happen.

Signed: _	 	 	 _
Data:			

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Face Painting and Photographs

As an activity the clu	b will occasionally offer face	painting, is it acceptable for your child to take part?
Please circle		
YES	NO	
purposes? – Please r	note if the club wish to public	ken of your child(ren) for display/promotional sh these photographs anywhere other than in the e parents before the publication.
Please circle		
YES	NO	
Please add any othe necessary)	er information you think ma	y be appropriate (continue on a separate sheet if

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Policies and Procedures / Terms and Conditions.

I consent to my child(ren) attending The Playstation and understand that the club has policies and procedures and have read and understood them. I confirm that both myself and my child(ren) agree to abide by them.

I am aware that The Playstation has an obligation to report suspected child abuse/neglect/safeguarding concerns to the appropriate person at Bracknell Forest Borough Council.

I give permission for a trained member of staff to administer appropriate first aid to my child(ren) as required.

Fees should be paid by the due date stated on the booking form, and I understand that failure to do so could jeopardise my child(rens) continued place. Fees can be paid by cash, credit transfer, childcare vouchers or cheque. Returned unpaid cheques will incur a £20 administration charge.

I understand that collecting my child after 6pm will result in a charge of £5.00 per five minute block. i.e, 10 minutes will cost me £10. This fee will be due within seven days.

I agree to notify the manager if any of the details on this form change.

I understand that the information I have given on this form is confidential.

I give permission to the club to share information with other professionals as they deem appropriate.

I have read and accepted the conditions above.					
Signed					
Date					