

AFTER SCHOOLS CLUB – Ballyclare

Registration Form

Start Date: _____

Morning care (please circle): Monday Tuesday Wednesday

7am – 9am Thursday Friday

After school care: Monday Tuesday Wednesday

2pm-6pm Thursday Friday

Holiday care: YES/NO

Child's Full Name (1st child): _____

Child's Full Name (2nd child, if applicable): _____

Child's Home Address: _____

Child's Home Telephone No: _____

Child's Date of Birth (1): _____

Child's Date of Birth (2): _____

Child's School: _____

Time of pick up from school (1): _____ Time of pick up from club: _____

Time of pick up from school (2): _____

Parent's/Guardian's Details

Mother/Guardian:

Name: _____

Work address: _____

Work Telephone No: _____

Mobile No: _____

E Mail: _____

Father/Guardian:

Name: _____

Work address: _____

Work Telephone No: _____

Mobile No: _____

E Mail: _____

Who has parental responsibility? _____

Emergency Contact Details – if we could not reach parents/guardians

Name and address: _____

Telephone No: _____

Relationship to child: eg: Aunt/family friend: _____

Does your child suffer from any chronic conditions, illnesses or special needs e.g. Diabetes, Asthma, Epilepsy etc: Yes/No

If yes, please give details: _____

Does your child suffer from any allergies, e.g. Eczema, Hay Fever, Conjunctivitis, Sun Cream etc: Yes/No

I do/do not give permission for my child to be taken to hospital in case of an emergency.

I do/do not give permission for my child to receive basic First Aid if required.

Name and Address of Child's Doctor: _____

Telephone No: _____

IMMUNISATIONS

Please tick the appropriate box.

	Approx Age	Date (If Known)	Yes	No
DIPHTHERIA	2 months			
TETANUS				
WHOOPING COUGH				
HIB MENINGITIS C				
POLIO				
MMR (Measles, Mumps, Rubella)				
PRE-SCHOOL	4-5 years			
MMR BOOSTER				

Has your child any special dietary requirements? _____

Who is authorised to collect your child from the club: (Persons must be over 18 years of age)

1. Name: _____ Tel: _____
2. Name: _____ Tel: _____
3. Name: _____ Tel: _____

	I do give permission	I do not give permission
I give permission for my child to travel in club transport such as bus or staff members cars for school pick ups or outings.		
I give permission for my child to walk with a staff member to/ from the club.		
I give permission for my child to be in photos with other children at the club, which can be viewed by other club parents on MyNurseryPal.		
I give permission for my child to appear on the clubs Facebook page.		
Photographs/ videos- I give permission for my child to appear on the clubs website/ marketing material.		
I give permission for my child to interact with animals at the club or on club outings.		
I give permission for my child to participate in supervised outdoor activities.		
I give permission for my child to participate in supervised daytrips.		
I give permission for my child to use cosmetics such as face paint, make-up and nail polish.		
I give permission for my child to have sun cream applied.		

I give permission for my child to receive First Aid such as plasters or cold compress, if required.		
I give permission for my child to be transported to hospital/medical centre by staff or club vehicle if it is deemed quicker than waiting on ambulance		
I give permission for my child to receive Calpol (or equivalent) if required. We will always contact you before we administer this.		
I give permission for my child to receive assistance with toileting if needed.		

Please give any other details you feel we should know about your child:

NB: If there is a change of circumstances i.e. Change of address, collection time, immunisations etc, it is the responsibility of the parent/guardian to inform the After Schools Club as soon as possible.

I understand that information contained in this form may be used by governing/professional bodies such as Northern Health and Social Care Trust.

I have read and understand the Terms and Conditions set out by the After Schools Club.

Signature of Parent/Guardian: _____ Date: _____

TO BE FILLED OUT WITH MANAGEMENT AT THE CLUB

Interests:.....

Likes/Dislikes:

Favourite foods:
