

Child's Name

**St Michael's School House  
After School Club Child Record Form**

<b>Child's Name</b>				
<b>Date of birth</b>		<b>Sex (M/F)</b>		
<b>Home address</b>			<b><u>When would you like your child to start our ASC?</u></b>	
<b>Child's First Language</b>				
<b>Email Address</b>				
<b>Home phone</b>				
<b>Emergency 1</b>	<b>Name</b>		<b>Telephone</b>	
	<b>Relationship</b>		<b>Mobile</b>	
<b>Emergency 2</b>	<b>Name</b>		<b>Telephone</b>	
	<b>Relationship</b>		<b>Mobile</b>	

<b>Medical Information</b>	
<b>Doctors name</b>	<b>Telephone</b>
<b>Does your child wear glasses?</b>	<b>Yes/No</b>
<b>Does your child have Hearing problems?</b>	<b>Yes/No</b>
<b>List any allergies from which your child suffers</b>	
<b>List any dietary requirements</b>	
<b>Does your child have any routine medication?</b>	<b>Yes/No</b>
<b>If yes, please give details</b>	

Child's Name

Details of any serious illnesses or conditions:

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Sessions I am registering my child to attend;

	Please enter which days you are registering your child to attend					Please state which primary school your child attends
	Mon	Tue	Wed	Thu	Fri	

Please enclose a non-refundable **registration fee of £10** (per child). This can be paid by cheques, payable to **St Michael's Childcare Trust Ltd**, card or bank transfer. **Our bank details are:** Co-op Bank, Sort code 089035, Acc. 50455029 please put your child's name as reference

**Cost of Session per day; £9 collection from St. Michael's, Wildridings and Fox Hill.**

Fees are payable in **ADVANCE**. Invoice will be issued at the beginning of each half term, and can be paid by bank transfer, cheque, card or childcare vouchers. Returned cheques will incur a £20 administration charge.

**If your child does not attend for any reason the fees will still be payable in full for all registered sessions.**

**One half term written notice is required otherwise the full fees for that term will be charged.**

**PLEASE COMPLETE AND RETURN FORM TO Mrs. Agi Payne @ St. Michaels School House, Crowthorne Rd, Easthampstead, Bracknell, Berks, RG12 7EH or email to: [manager@schoolhousebracknell.co.uk](mailto:manager@schoolhousebracknell.co.uk),**

Signed \_\_\_\_\_ (Parent/Guardian) Date \_\_\_\_\_

Print Name \_\_\_\_\_

Relationship to child \_\_\_\_\_

Child's Name

### Consent Form

1. I hereby give my consent for ..... (child's name) of ..... (address) to receive medical advice or treatment either by a G.P or a hospital, if the holiday club is unable to contact the parent(s) or guardian(s).Parent(s) or Guardian(s) will automatically be notified of any injury to their child. Failure to sign this form may cause delay in treatment for your child.

Signed \_\_\_\_\_ (Parent/Guardian) Date \_\_\_\_\_

2. I give my consent for photographs of my child to be taken by St Michael's School House for display purposes.

Signed \_\_\_\_\_ (Parent/Guardian) Date \_\_\_\_\_

3. I give permission for the staff of St Michael's School house to apply sun cream to my child, if necessary.

Signed \_\_\_\_\_ (Parent/Guardian) Date \_\_\_\_\_

4. I give permission for the staff of St Michael's School house to take my child to main school playground.

Signed \_\_\_\_\_ (Parent/Guardian) Date \_\_\_\_\_

5. I give permission for \_\_\_\_\_(child's name) to walk from primary school to St Michael's School house

Signed \_\_\_\_\_ (Parent/Guardian) Date \_\_\_\_\_

6. I understand that every child has the right to have their individual needs met. In order to do this, I give permission, when it is necessary, for staff to talk to and share information with outside agencies, other professional bodies or settings your child is attending. Wherever possible, we will always discuss with you in the first instance, any information that needs to be shared except in Child Protection cases where it is judged that the child may be placed further at risk.

Signed \_\_\_\_\_ (Parent/Guardian) Date \_\_\_\_\_

7. I give permission for the staff at St Michael's School house to take my child off site for planned visits and trips, including but not limited to trips to the park and McDonalds.

Signed \_\_\_\_\_ (Parent/Guardian) Date \_\_\_\_\_

Child's Name \_\_\_\_\_

8. I am aware that St Michael's School House has policies and procedures that are available for me to see on their website and in School House.

Signed \_\_\_\_\_ (Parent/Guardian) Date \_\_\_\_\_

9. I, \_\_\_\_\_ (parents name) give permission for the staff of St Michael's School House to share information regarding \_\_\_\_\_ (child's name) with \_\_\_\_\_ ( Name of Setting) Contact Details:

\_\_\_\_\_ Child's D.O.B: \_\_\_\_\_ Parent's

signature: \_\_\_\_\_ Date: \_\_\_\_\_

**In the interests of all the children in our care, we reserve the right not to allow a child into the After School Club if he/she is believed to be suffering from an infectious disease. St Michael's School House cannot take responsibility for any items of clothing or toys which may be brought into the After School Club.**

**Fees are payable in advance. Invoice will be issued at the beginning of each half term, and can be paid by Card (on site), Cheque or BACS transfer. Child care vouchers can also be accepted.**