

Oxspring Primary School Out of School Club Registration Form

Child's Details	
Full Name	Known by (other preferred name)
Address	DOB
	Gender
Ethnicity	Religion
First Language	Any other language
Parent/Carer Details	
Name/s of main carer/s	
Full Name	Full Name
Relationship to child	Relationship to child
Address	Address
Home telephone number	Home telephone number
Work place & telephone number	Work places & telephone number
Mobile telephone number	Mobile telephone number
E-Mail	E-Mail
Ethnicity	Ethnicity
Religion	Religion
First Language	First Language
Any other languages	Any other languages
* Who has parental responsibility?	

- We are required to establish parental responsibility.
Birth mothers always have parental responsibility for their children but it can be taken away by a court.
Fathers will have parental responsibility if they were married to the child's mother at the time of the child's birth.
Unmarried fathers will have parental responsibility if the birth was registered after December 2003 AND his name appears on the birth certificate.
Parental responsibility can only be removed by a court and is not gained automatically by living with a child or by marrying the child's parent.
Consent forms can only be signed by the parent with parental responsibility.

Contacts	
Please give details of any individuals authorised to collect your child.	
Collector 1	Collector 2
Full Name	Full name
Relationship to child	Relationship to child
Address	Address
Telephone number	Telephone number
Mobile number	Mobile number
Can we contact this person in an emergency?	Can we contact this person in an emergency?
Collector 3	Collector 4
Full Name	Full Name
Relationship to child	Relationship to child
Address	Address
Telephone Number	Telephone Number
Mobile Number	Mobile Number
Can we contact this person in an emergency?	Can we contact this person in an emergency?
Doctor's Details	
Name of Surgery	Telephone Number
Address	Dr registered with
Opening times	
Medical Information	
Please give details of any medical requirements	
Please specify if the child has any allergies	

Permissions

I hereby give permission to the setting for the following:

Seeking of any necessary emergency medical advice or treatment:

SignatureDate

Applying First Aid

Signature.....Date.....

My child to take part in outings in the local area:

Signature.....Date.....

For photographs to be taken and used for the following:

Promotional materials Observations (including learning journals)
Including website

Within setting only Media ie Newspapers

Signature Date

Application of sunscreen provided by myself

Signature Date

Application of face paints

Signature Date

For my child to access the outdoor equipment

Signature Date

I have read and understand the relevant policies regarding the care of my child:

Signature Date

Dietary Requirements (Please give details incl likes & dislikes).

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Individual Requirements

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Other Agencies

Please give details of any agencies involved with your child

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PAYMENT

Parents will be expected to pay all fees in advance. Cheques should be made payable to **Oxspring School BMBC**.

If your child is absent through sickness or holiday **fees will still apply**.

One month's written notice will be required to cancel your child's place. This place can then be offered to the next child on the waiting list.

If you want to pay all or some of the fees with Childcare vouchers it will be your responsibility to arrange this with your employer, but you will need to give the School Office details in order that we can register with the specific voucher provider.

DECLARATION

I have read and agree with this document.

Signedparent/guardian