

# Registration Form

Child's name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/20\_\_\_\_ Year: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Mobile: \_\_\_\_\_

Father's name: \_\_\_\_\_ Mobile: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Post code \_\_\_\_\_

Email/s: \_\_\_\_\_ Home Tel. no.: \_\_\_\_\_

If your child is not living with both parents at the address given above, please confirm which parent your child is living with:

\_\_\_\_\_

If both parents/guardians are regularly away from home during the After School Club hours please supply a work address and telephone number:

Place of work: \_\_\_\_\_

\_\_\_\_\_ Tel. No.: \_\_\_\_\_

**Please note that the emergency contact detail should not be the same as provided above. It should be someone other than the parents/guardians preferably within 20 minutes of the school.**

Emergency contact name: \_\_\_\_\_ Tel. No.: \_\_\_\_\_

Doctor's Surgery: \_\_\_\_\_ Tel. No.: \_\_\_\_\_

Start date: \_\_\_\_/\_\_\_\_/20\_\_\_\_ Child age at start date: \_\_\_\_\_

Sessions required

<b>3.15pm-5.30pm</b>	Monday		Tuesday		Wednesday		Thursday		Friday	
<b>3.15pm- 6pm</b>	Monday		Tuesday		Wednesday		Thursday		Friday	

Does your child have any:

• dietary requirements/allergies: \_\_\_\_\_

\_\_\_\_\_

• particular Additional Needs(learning)/physical): \_\_\_\_\_

\_\_\_\_\_

• hearing difficulties/vision problems: \_\_\_\_\_

• other health problems: \_\_\_\_\_

\_\_\_\_\_

## Additional information

Please provide information about your family e.g. people/animals who are important to your child:

Who will usually collect your child at the end of each session?

Please provide a password, should someone other than the named person/s above collect your child.  
(Please note that we will still need to be informed if someone other than the named person/s above will collect your child.)

Does your child have any hobbies or specific interests?

Anything else we should know about your child?

**Please read each statement below and delete as appropriate**

### Medical Treatment consent

I hereby **consent** to my child receiving medical treatment, if the Manager/Supervisor and/or a doctor thinks it is required as a matter of emergency and I or the named emergency contact on the Registration form cannot be contacted following reasonable attempts to do so prior to such treatment being administered.

### Photographs

I hereby **consent / do not consent** to Jiminy's taking photos of my child to be used on the display board for inspections or shown to prospective parents.

I hereby **consent / do not consent** to Jiminy's taking photos of my child to be used on the website.

### Outings

I hereby **consent / do not consent** to my child going on outings on foot, accompanied by a member of staff to the local park and/or other local places (you will be informed prior to the outing taking place).

I have made the £15 registration fee via BACS on \_\_\_\_\_ with the reference \_\_\_\_\_  
to secure my child's place. (Jiminy Cricket Ltd. Sort Code: 60-02-31, Account No.: 66040396)

I confirm that I have read, understand and agree to the Admissions policy and Conditions of Registration.

Parent's/Carer's name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_

See our website [www.jiminyasc.co.uk](http://www.jiminyasc.co.uk) for Admissions Policy and Conditions of Registration