

BATHEASTON PLAY RANGERS Ofsted No. 145512 OUT OF SCHOOL CLUB REGISTRATION FORM

Child's Details:

Date of Registration:

| | | |
|--------------------------------|---|-------------------------------|
| First name: | Surname: | What s/he likes to be called: |
| Date of birth and current age: | Tick if in Reception class: If so, name of key person: | First Language: |

Parent/Guardian details:

| | | | | | |
|--|----------------|--------------|---|----------------|--------------|
| Title: | First name: | Surname: | Title: | First name: | Surname: |
| Home address: | | | Home address (if different): | | |
| Does this child normally live at this address? Yes/No | | | Does this child normally live at this address? Yes/No | | |
| Work address: | | | Work address: | | |
| Home number: | Mobile number: | Work number: | Home number: | Mobile number: | Work number: |
| Email address: | | | Email address: | | |
| Does this person have parental responsibility? Yes/No | | | Does this person have parental responsibility? Yes/No | | |
| Does anyone else have parental responsibility for this child? Yes/No If yes, please provide details on separate sheet. | | | | | |

Emergency Contact Details (please provide details of two people we can contact if we are unable to get hold of you).

| | | |
|----------|-------------------|----------------------------|
| Name: | Telephone number: | Mobile number: |
| Address: | | Relationship to the child: |
| Name: | Telephone number: | Mobile number: |
| Address: | | Relationship to the child: |

Child's Doctor

| | |
|-----------------|------------|
| Name of Doctor: | |
| Address: | Telephone: |

About your child:

| |
|---|
| Please detail any additional/special needs your child has: (please provide full details) |
| Please detail any dietary requirements/food allergies for your child: (please provide full details) |
| Is there anything your child doesn't like (food, games etc.) or is scared of? |
| What are your child's favourite activities? |

Signature of Parent:.....Date:.....

BATHEASTON PLAY RANGERS
OUT OF SCHOOL CLUB BOOKING FORM

Child's name:

Class:

Breakfast Club: All sessions start at 8.00am and the staff ensure that the children are in class by 8.55am.

Fees per session: £5.50

After School Club: All sessions start at 3.15pm and run until 6.00pm

Fees per session: £10.50

Please tick the sessions that you require below:

| | Breakfast Club | After School Club |
|------------------|-----------------------|--------------------------|
| Monday | | |
| Tuesday | | |
| Wednesday | | |
| Thursday | | |
| Friday | | |

| | |
|---------------------------------|--|
| Start date | |
| End date (if applicable) | |

Please book my child in for the days and times indicated above. I will let you know in advance if my child will not be attending a booked session. I understand that the Club cannot give refunds for any sessions that I have booked but which my child does not attend, unless I give 2 weeks' notice.

Signed:..... Date:.....

Parent/carer

For those who think they may be eligible for Work and Families Tax Credit, please quote our Ofsted number on your correspondence with your tax office:

145512