**LBL Coppetts Wood After School Club: Registration Form**

Full name of child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent details

|  |  |
| --- | --- |
| Parent’s name: |  |
| Address: |  |
| Telephone home: |  |
| Telephone work: |  |
| Mobile number: |  |
| Email address: |  |
| Relationship to child: |  |

Child details

|  |  |
| --- | --- |
| Gender: |  |
| Date of birth: |  |
| Illness/Conditions/Food Intolerances/Medically advised allergies: |  |
| Any other information you feel may be relevant for staff: |  |

I agree for the staff at LBL to administer first aid where appropriate and in emergency situations to administer paracetamol-based medicine (for sudden very high temperatures) or Piriton (for unexpected allergic reactions). YES/NO

I agree that staff may deal with changing or assisting my child with changing in the event of them soiling or wetting their clothes. YES/NO

Password in the event that my child is collected by someone other than a parent or regular carer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I agree to pay any invoiced fees promptly and understand there are fees for late payment and fees for collecting my child beyond the closing time of 5:45pm.

By completing this form I agree for my child to attend LBL After School Club and abide by all the policies set out on the website in order to for the staff to maintain a safe, healthy and fun environment for the children.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_