Hook-with-Warsash C of E Academy

Before & After School Club

HWW Larks and Owls

REGISTRATION FORM

SURNAME……..

Child 1/ Forename…….. DOB…….. Year group……

Child 2/ Forename…….. DOB…….. Year group……

Child 3/ Forename…….. DOB…….. Year group……

Home/Main Tel Number ……..

Home address…….

…….. Postcode……

CONFIDENTIAL INFORMATION

1st Contact Name…….. Relationship……..

Tel (H) …….. Tel (W) …….. Mobile ……..

☐ I give consent for this contact to collect my child from after school club.

2nd Contact Name…….. Relationship……..

Tel (H) …….. Tel (W) …….. Mobile ……..

☐ I give consent for this contact to collect my child from after school club.

3rdnd Contact Name……..Relationship……..

Tel (H) …….. Tel (W) …….. Mobile ……..

☐ I give consent for this contact to collect my child from after school club.

PASSWORD to be used by adult collecting my child:

……..

(PLEASE KEEP A NOTE)

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☐ I would like to pay for my child's sessions using childcare vouchers.

Name of childcare voucher scheme that my employer is registered with is:

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☐ I would like to pay for my child's sessions with a tax-free child account.

☐ I would like to pay for my child's sessions using SCOPAY.

Medical and/or Allergies: List any medical conditions or allergies especially food allergies. (Continue overleaf if necessary)

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Permissions

☐ I give permission for first aid to be carried out on my child by a trained first-aider. (Tick box if you agree)

☐ I give permission for the school to transport my child to an A&E department if none of the above persons can be contacted. (Tick box if you agree)

Doctor's Practice……Tel ……..

☐ I confirm that all other permissions on the pupil information form held in school are valid. I agree to the club adopting these permissions, including GDPR/photograph/social media permissions.

☐ I am aware that copies of all the school policies (and therefore the before and after school club) are available on the Hook-with-Warsash school website.

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Permissions continued

- ☐ I can confirm that I have read the Hook-with-Warsash before and after school club Agreement and Rules.

Name…… Signature…… Date……

Continuation for Medical and/or allergies information, if required:

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PLEASE RETURN THIS FORM TO THE SCHOOL OFFICE FAO: WRAPAROUND CARE or complete and email to wraparoundcare@warsash.hants.sch.uk

This form is very important and must be kept up to date at all times. Please update the school immediately if there are any changes.