**Registration for Orchard Friends ASC Provision**

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| **OFFICE USE ONLY** |  |
| START DATE: | PAYMENT: |
| REGISTRATION CLASS: | YEAR GROUP: |
| **PERSONAL DETAILS** |  |
| CHILD’S FULL NAME:PREFERRED NAME: | DATE OF BIRTH:BOY [ ] GIRL [ ] |
| FULL ADDRESS:POST CODE: | MEDICAL CONDITIONS:DIETARY NEEDS:ANY OTHER INFORMATION: |
| Siblings in school: YES [ ] NO [ ] Name of sibling(s): |
| Home Telephone No: | Mobile Telephone No: |
| **CONTACT DETAILS** |
| 1st Main Carer: | 2nd Main Carer: |
| NAME: | NAME: |
| ADDRESS:POSTCODE@ | ADDRESS:POSTCODE: |
| TELEPHONE: | TELEPHONE: |
| RELATIONSHIP TO CHILD: | RELATIONSHIP TO CHILD: |
| **List below the people allowed/authorised to bring/collect your child to/from school** |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationsihip e.g. Friend, relative, neighbour \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationsihip e.g. Friend, relative, neighbour \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationsihip e.g. Friend, relative, neighbour \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Tel No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Tel No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Tel No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| Monday to Friday | Start 3.30pm | Finish 5:45pm |

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| **£12 per day (£60 per week, paid in advance)****Siblings £10 per day (£50 per week, paid in advance)** | Orchard Primary School adobts a strict **NO DEBT** policy relating to the provision of after school care. | Payments can be made online, via the school office. Please speak to the school office for more information about online payments. |

**DECLARATION BY PARENT/CARER**

I agree:-

* I declare that all information given above is correct and agree to all authorisations given in the Confidential Form
* I will notify the school of any changes to the information provided above immediately if there is a change
* In the event of an accident or illness, emergency medical attention may have to be followed, more particularly in cases where we are unable to contact you or any other designated contact
* Photographs may be taken of children participating in activities – this will only be used in order to raise the profile of the after school club
* I understand that my child’s place may be withdrawn if I do not follow agreed procedures
* I understand that my child’s place may be withdrawn if I do not pay the office regularly in advance
* I am responsible for collecting my child promptly by 5.45pm**.** I am aware that I will incur a penalty charge of £5.00 for every five minutes (or part thereof) if I do not collect my child on time.
* If you need to cancel a booking this must be done before 12pm – any credit for the cancelled session will be carried forward on your account.

Please refer to the attached terms & conditions for more information.

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| **Parent/Carer** |
| Name:  | Signature: | Date: / / |