## BERRYWOOD PRIMARY SCHOOL

## Registration Form for Berries Breakfast and After School Club

## CONFIDENTIAL

CHILD'S FULL NAME	
DAYS ATTENDING BREAKFAST CLUB	MONTUESWEDTHURFRI
DAYS ATTENDING AFTER SCHOOL CLUB	MONTUESWEDTHURFRI
ADDRESS	
DATE OF BIRTH and AGE	
CLASSTEACHER	
NAME OF PARENT/CARER	
ADDRESS (if different from child)	
Home	
TELEPHONE NUMBERS Mobile	
Work	
NAME AND CONTACT NUMBER FOR PERSONS WITH PERMISSION TO	
COLLECT YOUR CHILD FROM CLUB (if different from parent/carer)	
(ii dilierent from parenocarer)	
DETAILS OF AT LEAST ONE LOCAL	
EMERGENCY CONTACT (Name, address, telephone number)	
DETAILS OF FAMILY DOCTOR	
(Name, address, telephone number)	
MEDICAL INFORMATION	
SPECIAL DIETRY REQUIREMENTS	

## $\frac{\text{COMMITMENT FORM FOR BERRIES BREAKFAST AND AFTER SCHOOL}}{\text{CLUB}}$

NAME OF CHILD(REN)	1	
	2	
	3	
I understand that my child will be expected to behave according to school policy whilst attending the after school club.		
I make a firm commitment to ensure my child(ren) attend(s) the club regularly.		
I will pay the appropriate fee in advance each half term		
I understand that a place cannot be secured without payment.		
I will ensure that if my child attends after school club that they are collected by 5.30 pm and <b>6.00pm at the very latest</b> each evening and understand that I will be charged a late fee of £10.00 for each half hour past 6.00pm		
Fees are currently £3.10 per session per child for Breakfast Club and £8.90 per sessions per child for after school club. Cheques should be made payable to HCC. Alternatively payment can be made online at <a href="https://www.scopay.com/berrywood-pri">www.scopay.com/berrywood-pri</a> Please note that payment is required promptly and any late payments may incur an additional charge. Please note if payment has not been received by the end of the half term you have been invoiced for, a late payment charge of £10.00 will be applied to your account.		
I understand that I have to give four weeks notice in writing if I no longer require a place		
Signed:	Parent/Guardian	
Date:		
Would you please identify if your child has any allergies to specific food. Please note we do <u>not</u> need to know if your child simply won't eat or does not like a particular food, we only need to know about <u>allergies.</u>		
My child has food all	ergies (please specify	
My child has no food	l allernies	

In the event that my child is involved in a serious incident while at the expect the Manager, or delegated member of staff, to contact me in on the above emergency contact number. In the event that my child immediate medical treatment before I will be able to get to the hosp hereby authorise the Manager, or delegated member of staff, to contact the medical treatment on my behalf. I understand that this authorisation will remain valid unless I contact the Manager to with	nmediately requires ital, I nsent to
Signed Parent/G	uardian
Date	
If my child attends any extra- curricular activities, I understand that first sign in and get changed at Berries prior to attending the activity I am happy for my child to make their own way to Berries at the end school day (except Year R and Year 1 children who will be collected Berries staff)	of the
Signed Parent/Gu	ardian
Date	
Occasionally we may take photographs of the children at Berries. We use these images in our school prospectus or in other printed public we produce as well as on project boards at our school.	
To comply with the data protection act 1998, we need your permiss we can photograph your child. Please could you complete the quest below:-	
	Please circle our answer
I consent to my child photograph being used in school publications	Yes / no
I consent to my child's photograph being used on school display boards	Yes / no
Signed Parent	/Guardian
Date:	

These forms will be renewed annually