



Date: _____

SIR JOHN CASS'S PRIMARY SCHOOL PLAY CENTRE 2014-15 REGISTRATION FORM



Please complete **all parts** of this form, sign and date where indicated and return to the attention of **Manager** at the Play Centre.

Name of Child		Date of Birth	Gender (Male/Female)
1 st Child:			
2 nd Child:			
Address		Home Telephone No:	
		Dietary Requirements:	
Post Code		Religious/Cultural Beliefs:	

Name of Parent/Carer 1.		Relationship to Child	
Mobile Telephone No:		Work Telephone No: and Name of Organisation	
Email Address:			
Name of Parent/Carer 2.		Relationship to Child	
Mobile Telephone No:		Work Telephone No: and Name of Organisation	

If you are not available to collect your child during an emergency, whom else could we contact?	Name	Address	Telephone Numbers
	Relationship		

Are there any orders excluding any adults who should NOT collect your child/children? please give details below:

School (please tick as appropriate) Sir John Cass Foundation Primary School English Martyrs Christchurch Other – (include address)	Name of Class Teacher & School Telephone Number
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Are you claiming the Free School Meal based Fees Discount	If you have responded yes you need to also complete and submit the Discount Form (available from the Play Centre staff)
Doctor's Name, Address & Telephone Number	Is your child allergic to any medication/food, sun cream, materials?
Medical History including childhood illnesses which influence daily care (allergies, asthma, any other medical conditions)	
Please provide any additional comments you would like to give us about your child (e.g. does your child have additional needs / support – what are those needs.).	

I also consent to any emergency medical treatment necessary during the running of the Playscheme.
I authorise the Playscheme staff to sign any written form of consent required by the hospital authorities if the delay in getting my signature is considered by the doctor to endanger my child's health and safety.

Yes No

On certain occasions (i.e. parties and special occasions etc.) we may choose to provide your children with food that has high sugar content, i.e. sweets and ice cream. If you have any objections or comments to make regarding giving your child high sugar content foods please indicate below:

I consent to my child being given high sugar content foods on special occasions.

Yes No

Further comments:

Parent/Carer

Signed Date.....



SIR JOHN CASS'S PRIMARY SCHOOL
PLAYCENTRE

Agreement

I have read and understood the contents of the Welcome Pack and agree to the Responsibilities Policy contained within the pack.

Further more I/we agree to:

- Give up-to-date information about my child/children including any change of emergency contact details.
- Pay for my Playcentre fees within two weeks of receiving the invoice.
 - Please note that fees are still due if your child is absent for any reason.
- Collect my/our child/children by 5:45pm

(Please note that Playcentre staff have to leave the building promptly at the end of the session. If any children still remain, Playcentre staff may have to inform Social Services as our registered hours are to 6:00pm only. Therefore, prompt collection is advisable)

- Sign my child/children out every day.
- Notify the staff in advance if any adult other than myself is to bring or collect my child
- Inform the Playcentre if my/our child/children are to be absent from the Playcentre

Parent/Carer

Signed Date.....

Print Name..... Relationship to Child

I have explained all the policies, procedures and terms laid down by the club

Playcentre Staff

Signed Date.....

Print Name..... Position.....