

Buzykidz After School Club Registration Form

Child's Details

First Name:	Surname:	What they like to be called: M/F
Date of Birth and Current Age:	School they attend: Class:	First Language:

Parent/ Guardian/ Carer Details

Title:	First Name:	Surname	Title:	First Name:	Surname
Home Address:			Home Address:		
Work Address:			Work Address:		
Home Number:	Mobile Number:	Work Number:	Home Number:	Mobile Number:	Work Number:
Email Address:			Email Address:		

Alternative Emergency Contact Details

(Please provide the details of at least one person we can contact if we are not able to get hold of you)

Name:	Telephone number:	Mobile Number:
Address:		Relationship to the child:
Name:	Telephone number:	Mobile Number:
Address:		Relationship to the child:

Details of Child's Doctor

Name of Doctor:	
Address:	Telephone:

About your Child

Please detail any additional/special needs your child has: (please provide full details)

Please detail any medical needs your child has: (please provide full details, if medication is needed an additional medication form will need to be completed)

Please detail any allergies your child has: (please provide full details)

MY CHILD IS ALLOWED PLASTERS **YES / NO**

MY CHILD IS ALLOWED PLAIN WIPES ON A GRAZE IF REQUIRED **YES / NO**

Please detail any dietary requirements for your child: (please provide full details)

What are your child's favourite activities?

Any additional information:

Requirements

Please indicate how many days you would like your child to attend Buzykidz:

Start date:.....

Sessions	Monday	Tuesday	Wednesday	Thursday	Friday
After school 3pm-6pm					

I hereby consent for my child to take up a place at this Club, according to the terms and conditions set out in the policies and procedures.

I understand the expectations and obligations relating both to myself and my child and to the Club, and agree to abide by them.

I understand that the Club reserves the right to apply penalty charges in the event that my child is collected late from the Club without any communication from me.

I understand that the Club caters for a varied age-range of children and consequently, the Club reserves the right to cancel membership where repeated occurrences of unacceptable behavior by my child could disrupt the Club for everyone.

I agree that I will give one months notice in writing to cancel regular bookings.

Signed:.....(Parent/ Carer)

Fees:

Fees are payable in advance prior to the start of each month. Any additional use beyond your contracted hours will be added to the following month invoice. We reserve the right to refuse admission of your child if your fees have not been paid on time. Fees should be paid directly into the Buzykidz account or given as cash to the After School Club Manager.

I understand that Club reserves the right to cancel membership in the event of repeated late or non-payment of fees.

Please note that deposit will be forfeited if you fail to give us a month’s notice before withdrawing your child. You will be required to pay a deposit should you require our services in future.

Absence

The After School Care Club is open and appropriately staffed during term time to provide a service to parents. Therefore, we regret that we are unable to give refunds or reductions to children who are absent due to sickness, holidays or attending other after school activities.

Medical Treatment

In the event that my child requires immediate medical treatment before I will be able to get to the hospital, I hereby authorise the Manager, or a delegated member of staff, to consent to emergency medical treatment on my behalf.

I understand that this authorisation will remain valid unless I contact the Manager to withdraw it.

Signed:.....(Parent/ Carer)

Photographs

I give my consent as a parent/ carer that my child photographs can be taken for:

- Display purposes within the Club **Yes/ No**
- Child personal record **Yes/ No**
- Marketing purposes (including social media, website and press) **Yes/ No**

Outings

I give permission to the club for my child to go out to the park or any other outing trip organised by Buzykidz **Yes/ No**

I confirm that the information given above is correct and undertake to notify the Manager as soon as any of the details change.

Signed (Parent/Guardian).....

Print NameDate

YOU MAY BE ENTITLED TO HELP TOWARDS CHILDCARE EXPENSES. PLEASE CALL 0845 300 3900 FOR FURTHER INFORMATION.