

Breakfast Bees & The Hive - Registration Form 2023/24

(Please complete both sides)

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Child’s Name |  | | Date of Birth | |  | | | | Year | |  |
| Home Address |  | | | | **Password for Collection:** | | | |  | | |
| **First Emergency Contact’s Name** | | | We will call each Contact in turn until we have successfully made contact. | | | | | | | | |
| Relationship to Pupil | | |  | | | | | | | | |
| Email contact | | |  | | | | | | | | |
| Contact Number(s)  Please include home, mobile and work numbers if possible. | | | Home  Mobile  Work | | | | | | | | |
| **Second Emergency Contact’s Name** | | |  | | | | | | | | |
| Relationship to Pupil | | |  | | | | | | | | |
| Email contact | | |  | | | | | | | | |
| Contact Number(s)  Please include home, mobile and work numbers if possible. | | | Home  Mobile  Work | | | | | | | | |
| **Third Emergency Contact’s Name** | | |  | | | | | | | | |
| Relationship to Pupil | | |  | | | | | | | | |
| Email contact | | |  | | | | | | | | |
| Contact Number(s)  Please include home, mobile and work numbers if possible. | | | Home  Mobile  Work | | | | | | | | |
| **Any other Contacts?** Any of the 3 contacts listed above may collect your child. It anyone else is collecting please ensure you have called ASC to let them know and given the password to the Adult collecting. | | |  | | | | | | | | |
| Please detail any dietary requirements or food allergies  (Please specify – for example: allergic to strawberry jam – makes him/her sick!) | | |  | | | | | | | | |
| Please list any medical conditions or allergies | | |  | | | | | | | | |
| Is your child Asthmatic? | | | | | Yes | | No | | | | |
| Is their medication kept with them? | | | | | Yes | | No | | | | |
| Does your child have an Epipen? | | | | | Yes | | No | | | | |
| Is their medication kept with them? | | | | | Yes | | No | | | | |
| Doctor’s name, address and telephone number | | | |  | | | | | | | |
| I give permission for my child to be taken to hospital/doctors in an emergency if we cannot be contacted | | | | | Yes | | | No | | | |
|  | | | | | | | | | | | |
| Does your child have Special Educational Needs? | | | | | Yes | | | No | | | |
| Please give details of these needs. (This information will only be shared with Extended Day Staff and School Staff and will be treated confidentially) | |  | | | | | | | | | |
|  | | | | | | | | | | | |
| I have read and understood the Extended Day Behaviour Policy. I agree that if my child displays inappropriate or dangerous behaviour, the Club may call me to collect my child early or may decide to withdraw your child’s attendance at the club in accordance with the school’s Behaviour Policy. | | | | | | Yes | | | | No | |
| I have paid the registration fee of £25.00 in cash with this form  (If you already have a child who uses Extended Day at our school then please do not pay the registration fee again as it is a family fee) | | | | | | Yes | | | | No | |
| I agree to abide by the terms and conditions set out in the Policy and Procedure document making payments in advance as stipulated. I understand that non-payment of session fees will affect my child’s placement at the club. | | | | | | Yes | | | | No | |
| Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |