



LINTHORPE COMMUNITY PRIMARY SCHOOL

OUT OF SCHOOL CARE REGISTRATION FORM

CHILD, S NAME _____ DATE OF BIRTH _____

ADDRESS _____

_____ POSTCODE _____

CONTACT TEL NO.	NAME OF CONTACT	RELATIONSHIP TO CHILD
1.		
2.		
3.		
4.		

Breakfast will comprise of cereal, toast, fruit, yoghurt and juice. PLEASE DETAIL BELOW ANY DIET, HEALTH REQUIREMENTS OR ALLERGIES.

DO YOU GIVE PERMISSION FOR YOUR CHILD TO BE TAKEN TO HOSPITAL FOR TREATMENT IN THE CASE OF A SERIOUS MEDICAL EMERGENCY?

YES _____ NO _____ [please tick as appropriate]

I GIVE PERMISSION FOR MY CHILD TO USE THE INTERNET WITH ADULT SUPERVISION

YES _____ NO _____ [please tick as appropriate]

PLEASE SIGN BELOW IF YOU HAVE READ AND AGREE TO THE TERMS AND CONDITIONS OF THE OUT OF SCHOOL CARE (Please see overleaf).

Signed _____ [Parent /Guardian]



Linthorpe Community Primary School

Out of School Care Terms and Conditions for Parents/Guardians

- All fees must be paid one week in advance via your Parent Mail account and are non-refundable in the case of last minute cancellation.
- At least 1 weeks' notice is required prior to cancellation otherwise you will still be charged.
- For the safety of your child, please inform the club by phoning *01642885222 (option 2)* if your child is absent from school or not attending a session.
- We are unable to take same day booking requests, at least 24 hours' notice is required.
- You may lose your child's place in the clubs if your account falls into arrears.
- **Breakfast Club** - to ensure the safety of your child, please escort them to the door, do not allow them to cross the car park alone.
- **After School Club** - please inform a member of staff if your child is attending a club in school and needs to be collected by Wrap Around Care.
- **After School Club** - please inform the club if a different person other than the named person on the registration form is allowed to collect your child.
- In accordance with school rules, if your child requires medicine whilst at the club a Medicine Form, from the office, must be completed and the medicine handed to an adult.
- Please provide a named sunhat and cream should you wish your child to apply it to themselves, as staff are unable to apply it to children.
- Please inform us, by telephone message or letter, if you no longer need the service.

I agree to abide by the terms and conditions regarding my child.

Childs Name: _____

Date: _____

Parents Signature: _____