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**Barton Farm Toast and Tea After School Club - Registration Form**

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| --- | --- | --- |
| **Childs First Name** | **Child’s Surname** | **What does he/she like to be called** |
| **Date of Birth**  | **Current Age** | **Year Group** |

**Parents/Carers Details**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **First Name** | **Surname** | **Relationship to child** | **First Name** | **Surname** | **Relationship to child** |
| **Home Address**  |  |
| **Home Number**  | **Mobile Number**  | **Work Number** | **Home Number**  | **Mobile Number**  | **Work Number** |

**Emergency Contact Details**

We will contact parents/carers in the first instance. Please provide details for *additional* adults that can be contacted in the event of an emergency.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **First Name** | **Surname** | **Relationship to child** | **First Name** | **Surname** | **Relationship to child** |
| **Home Address**  |  |
| **Home Number**  | **Mobile Number**  | **Work Number** | **Home Number**  | **Mobile Number**  | **Work Number** |

**Medical Information**

Any medicine taken during Toast and Tea Breakfast and After School Club hours needs to have written parental consent in order for staff to administer them.

|  |  |  |
| --- | --- | --- |
| **Doctors Name** | **Telephone Number** | **Medical Information (including allergies)** |
| **Address** |

**Collection**

It is Toast and Tea’s Policy to only dismiss a child to the adults named on the Collection slip below, which must be completed on admission to the club.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **First Name** | **Surname** | **Relationship to child** | **First Name** | **Surname** | **Relationship to child** |
| **Home Address**  | **Home Address**  |
| **Home Number**  | **Mobile Number**  | **Work Number** | **Home Number**  | **Mobile Number**  | **Work Number** |
| **First Name** | **Surname** | **Relationship to child** | **First Name** | **Surname** | **Relationship to child** |
| **Home Address**  | **Home Address**  |

**Sessions Required**

Please indicate the sessions that you require.

*Places will be offered with priority given to those requiring the greatest number of sessions.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Monday** | **Tuesday** | **Wednesday** | **Thursday**  | **Friday** |
| **Breakfast** |  |  |  |  |  |
| **After School**  |  |  |  |  |  |

**Any Other Information**

|  |
| --- |
| Additional information that will help us to meet the needs of your child.  |

Please complete this form and return to Elise Farzam. Make a £30 non-refundable deposit using your child’s name as a reference by BACs to Toast and Tea Ltd - Starling Business Bank Account No. 70383446 Sort Code: 60-83-71

We encourage you to read our policies and procedures before registering for a place at Toast and Tea.

I confirm that I have read and agreed to the terms and conditions of the Toast and Tea Breakfast and After School Club, as outlined in the information booklet.

|  |
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| Signed Date |