**NGJASC Registration & Health Form**

All children who attend must be registered with the club. A one-off club membership of £15.00 per child is payable, which will enable all your children to attend the club and entitles parents/guardians to become voting members (subject to the rules of the constitution). One form must be submitted for each child in the family. No bookings can be accepted without registration.

**Everyone with parental responsibility must be named on this form.**

Child’s name (full)………………………………………………………. Called……………………………

Address …………………………………………... Date of birth…………………………………………

……………………………………………

Postcode …………………………………………… Class…………………………………………………

**Parent/Guardian (relationship)………………. Parent/Guardian (relationship)…………………**

Name(s)…………………………………………………….. Name ………………………………………………

Address……………………………………………………… Address…………………………………………….

……………………………………………………… ……………………………………………………….

**Email address** ……………………………………………. ……..…..…………………………………...............

Phone numbers daytime…………………………………… Daytime…………………………………………….

Mobile………………………………………………………… Mobile……………………………………………….

Work…………………………………………………………. Work……….……………………………………….

Evening ……………………………………………………… Evening..……………………………………………

***Please give names and addresses of at least 2 emergency contacts and person collecting child from the club that are different from above. Please also include a password***

PASSWORD for collection purposes………………………………………………………….

**Emergency contacts/Collectors**

Contact 1 Full Name………………………………………….… Relationship to child………………………………….………

Phone number………………………………... Address…………………………………………………………………………….

Contact 2 Full Name………………………………………….… Relationship to child………………………………….………

Phone number………………………………... Address…………………………………………………………………………….

**Details of child’s doctor Dentist**

Name ……………………………………………. ……………………………………………..

Phone ……………………………………………. ……………………………………………..

Health Problems…………………………………………………………………………………………………………………

Allergies ………………………………………………… Dietary requirements…………………………………………….

*NGJASC must have all medications on site before your child can be left in our care. Medication forms can also be found on our website.* ***This includes all medications, even those occasionally used.***

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**About your child**

What activities does your child like/dislike doing?…………………………………………………………………………..

Any other relevant information – these may need to be discussed with the manager before confirming start date. e.g. additional needs such as SEND…………………………………………………………………………………………………….

…………………………………………………………………………………………………………………………………….……

(All information will be treated confidentially)

**Declaration** I will allow my child to be attended to by a doctor in the event of an emergency



**Registration Fee** **1.** Registration fee not needed due to sibling



**2.** I have made payment to bank account

**Nether Green Junior After School Club**

**Sort Code: 050200**

**Account Number: 29934009**

**Ref: Child's last name**

***NGJASC no longer takes cash payments.***

**Signed**……………………………………………………………. **Date** ……………………………………………….

I understand I will be invoiced by email within the first week of each half term unless agreed with the manager otherwise.

Signed ………………………………………….

*NGJASC is a committee run business and is a separate company to the school. Parents must keep NGJASC staff informed of any issues that may cause an effect to their child’s time in the after-school club or breakfast club, e.g. friendship problems, family troubles etc. This is so we can give your child the best possible care. All information is kept confidential between the staff. Parents on the committee do not know any specific details about children unless an official complaint is made or a policy breach has occurred. Please ask the manager for more details if needed.*