



**Before & After School Care Club  
(Bee's Knees)**

**Child Registration Details**

January 2019

<b>Name of Child</b>				
<b>Date of Birth</b>		<b>Age</b>		<b>Male / Female</b> (Please circle)

<b>CONTACT 1</b>					
<b>Parent / Guardian / Carer's Home Details</b>					
<b>Relationship to Child</b>	<b>Mother</b>	<b>Father</b>	<b>Guardian</b>	<b>Partner</b>	<b>Carer</b> (Please circle)
<b>Name – please include your first name/s</b>					
<b>Home Address</b>					
	<b>Post Code</b>				
<b>Home Telephone</b>					
<b>Mobile Number</b>					
<b>Email Address</b>					
<b>Work Number</b>					
<b>Name &amp; Address of Work</b>					
	<b>Post Code</b>				

<b>CONTACT 2</b>					
<b>Parent / Guardian / Carer's Home Details</b>					
<b>Relationship to Child</b>	<b>Mother</b>	<b>Father</b>	<b>Guardian</b>	<b>Partner</b>	<b>Carer</b> (Please circle)
<b>Name – please include your first name/s</b>					
<b>Home Address</b>					
	<b>Post Code</b>				
<b>Home Telephone</b>					
<b>Mobile Number</b>					
<b>Email Address</b>					
<b>Work Number</b>					
<b>Name &amp; Address of Work</b>					
	<b>Post Code</b>				

**EMERGENCY CONTACT DETAILS** – (Different from Contact 1 and Contact 2. This should be someone who can collect your child in your absence. This could be a trusted friend / relative or neighbour etc.)

**Parent / Guardian / Carer's Home Details**

Relationship to Child

Name – please include their first name/s

Home Address

Post Code

Home Telephone

Mobile Number

Email Address

Works Number

Name & Address of Work

Post Code

**COLLECTION OF YOUR CHILD**

Please add below the name/s of additional adults who may be collecting your child/ren – must be over 16 years of age

1. Name

Relation to Child/ren

2. Name

Relation to Child/ren

3. Name

Relation to Child/ren

**EMERGENCY MEDICAL TREATMENT** – Important please read and sign the statement below.

I consent to any emergency medical treatment necessary during the running of the Bee's Knees before and after school care club. I therefore authorise the care club staff to sign on my behalf any written form of consent required by hospital authorities, should the delay required to obtain my signature be considered likely to endanger my child's health & safety.

Signature

Print Name

**DOCTOR'S DETAILS**

<b>Name</b>	
<b>Address</b>	
<b>Telephone No.</b>	

**SPECIAL NEEDS / MEDICAL CONDITIONS / ALLERGIES ETC**

We ask this question so that we can plan our activities and meals around the needs of the children at the Bee's Knees before and after school care club.  
 Does your child have / need any of the following?  
 Please circle YES or NO for each question.

<b>A Disability or Special Need?</b>	<b>Yes</b>	<b>No</b>
<b>Special Diet</b>	<b>Yes</b>	<b>No</b>
<b>Medical Condition</b>	<b>Yes</b>	<b>No</b>
<b>Known Allergies</b>	<b>Yes</b>	<b>No</b>
<b>Need medication given during Bee's Knees before and after school club.</b>	<b>Yes</b>	<b>No</b>

**IF YOUR ANSWER IS YES TO ANY OF THESE QUESTIONS THE DETAILS MUST BE COMPLETED BELOW.**

If you have any further information on your child that you feel would help the staff on site, please attach this to the form.

Completing and providing as much information as possible regarding your child helps the staff on site to meet your child's needs.

<b>Current Condition or illness:</b>	
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<b>Further Information regarding condition or illness</b>
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<b>Procedures we need to be aware of in the unlikely event of an emergency.</b>
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Details regarding your child's special educational needs.

### PRESCRIBED MEDICINE

Staff can only administer medication that has been prescribed by that child's doctor or hospital, for instance antibiotics for an ear infection, medicines to control Epilepsy, inhalers for Asthma, lotions for Eczema or other medications for similar cases. All medicines of this nature will have POM ("Prescription only medicine") on the box and medicine. These medicines by law need to be in the original box with the label on and instructions attached. The dosage should be only that which is prescribed. The batch number of the medicine should be checked with the box batch number and expiry date to confirm.

### MEDICAL DECLARATION

I have given as much information as I can to aid the staff at the Bee's Knees before and after school club in order to meet my child's needs.  
Should my child require medication, I will give staff full details, and fill out the relevant form.

I agree to update staff should any of the given information change e.g. address / phone.

Signature

Date

Print Name

### CHILD INFORMATION

Would you be willing for your child to have his / her photograph taken on site, which may be used in newsletters, posters, the website etc for publicity purposes?

Yes

No

Do you give consent for your child to be given sweets and / or party food on special occasions (birthdays etc)?

Yes

No

Signature

Date

Print Name

## Schedule of Fees for January 2019

	<b>Breakfast Club Drop Off 7:30am – 8:50am</b>	<b>Weekly</b>	<b>After School Club Pick Up Between 3:20pm – 4:30pm</b>	<b>Weekly</b>	<b>After School Club Pick Up Between 4:30pm – 6:00pm</b>	<b>Weekly</b>
<b>1<sup>st</sup> Child</b>	<b>£6.00</b>	<b>£30.00</b>	<b>£6.00</b>	<b>£30.00</b>	<b>£8.75</b>	<b>£43.75</b>
<b>2<sup>nd</sup> Child</b>	<b>£5.40</b>	<b>£27.00</b>	<b>£5.40</b>	<b>£27.00</b>	<b>£7.85</b>	<b>£39.25</b>
<b>3<sup>rd</sup> Child</b>	<b>£4.86</b>	<b>£24.30</b>	<b>£4.86</b>	<b>£24.30</b>	<b>£7.05</b>	<b>£35.25</b>