

Registration Form

Child's name: _____ DOB: ____/____/20____ Grade at start: _____

Mother's name: _____ Mobile: _____

Father's name: _____ Mobile: _____

Address: _____

_____ Post code _____

Email/s: _____ Home Tel. no.: _____

If your child is not living with both parents at the address given above, please confirm which parent your child is living with:

If both parents/guardians are regularly away from home during the After School Club hours please supply a work address and telephone number:

Place of work: _____

_____ Tel. No.: _____

Please note that the emergency contact detail should not be the same as provided above. It should be someone other than the parents/guardians preferably within 20 minutes of the school.

Emergency contact name: _____ Tel. No.: _____

Doctor's Surgery: _____ Tel. No.: _____

Start date: ____/____/20____ Child age at start date: _____

Sessions required

3.15pm-5.30pm	Monday		Tuesday		Wednesday		Thursday		Friday	
3.15pm- 6pm	Monday		Tuesday		Wednesday		Thursday		Friday	

Does your child have any:

• dietary requirements/allergies: _____

• particular Additional Needs(learning)/physical): _____

• hearing difficulties/vision problems: _____

• other health problems: _____

Additional information

Please provide information about your family e.g. people/animals who are important to your child:

Who will usually collect your child at the end of each session?

Please provide a password, should someone other than the named person/s above collect your child.
(Please note that we will still need to be informed if someone other than the named person/s above will collect your child.)

Does your child have any hobbies or specific interests?

Anything else we should know about your child?

Please read each statement below and delete as appropriate

Medical Treatment consent

I hereby **consent** to my child receiving medical treatment, if the Manager/Supervisor and/or a doctor thinks it is required as a matter of emergency and I or the named emergency contact on the Registration form cannot be contacted following reasonable attempts to do so prior to such treatment being administered.

Photographs

I hereby **consent** / **do not consent** to Jiminy's taking photos of my child to be used on the display board for inspections or shown to prospective parents.

I hereby **consent** / **do not consent** to Jiminy's taking photos of my child to be used on the website.

Outings

I hereby **consent** / **do not consent** to my child going on outings on foot, accompanied by a member of staff to the local park and/or other local places (you will be informed prior to the outing taking place).

☐ I enclose the £15 registration fee to secure my child's place. (Cheques made payable to Jiminy Cricket Ltd.)

☐ I have made the £15 registration fee via BACS on _____ with the reference _____
to secure my child's place. (Jiminy Cricket Ltd. Sort Code: 60-02-31, Account No.: 66040396)

I confirm that I have read, understand and agree to the Admissions policy and Conditions of Registration.

Parent's/Carer's name: _____ Signature: _____

Date: ____/____/20____

See prospectus for Admissions Policy and Conditions of Registration