



BEFORE & AFTER SCHOOL CLUB REGISTRATION FORM 2024/25

Please return to the school office in an envelope marked for the attention of B&A Club or by email to baclub3505@welearn365.com

CHILD'S/CHILDREN'S DETAILS

Name	Date of Birth	Age	Gender
1.			
2.			
3.			

HOME ADDRESS

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PARENT/CARER DETAILS

Parent/Carer 1	
Name:	
Relationship to child:	Parental responsibility: <input type="checkbox"/> YES <input type="checkbox"/> NO
Home:	
Mobile:	
Work:	
Email:	

Parent/Carer 2	
Name:	
Relationship to child:	Parental responsibility: <input type="checkbox"/> YES <input type="checkbox"/> NO
Home:	
Mobile:	
Work:	
Email:	

Name of ParentPay user:

EMERGENCY CONTACT INFORMATION

We must have at least one emergency contact OTHER than parents/carers.

Emergency contact 1
Name:
Relationship to child:
Home:
Mobile:
Work:

Emergency contact 2
Name:
Relationship to child:
Home:
Mobile:
Work:



MEDICAL INFORMATION

GP name and address:

Medical information/medication/allergies/dietary requirements:

Any medications to be taken during wraparound care need a separate signed consent form. Please ask staff.

COLLECTION

Children will only be released to parents/carers named above and other authorised people named below.

Authorised person 1

Name:

Relationship to child:

Home:

Mobile:

Work:

Authorised person 2

Name:

Relationship to child:

Home:

Mobile:

Work:

Payment is made in ParentPay unless you are using Childcare Vouchers or the government's Tax-free Childcare scheme, in which case, evidence of payment should be sent to baclub3505@welearn365.com:

CHILDCARE VOUCHERS:

Please share the name of the company should you be using childcare vouchers.

TAX-FREE CHILDCARE:

If you are using the tax-free childcare scheme, we need to know your child's reference

By returning this form, I confirm that I have read and understand the timings, booking and fee structure of B&A Club as outlined on the club page of the school website:

<https://stmaryssoutham.org.uk/breakfast-after-school-club>

I agree to inform B&A Club staff of any changes to the information included in this registration form as soon as possible.

PARENT/CARER NAME:	SIGNATURE:	DATE:
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