

PLANT Y CWM AFTER SCHOOL CLUBS REGISTRATION FORM



In order to register your child for the After School Club please complete this Registration Form and either return it to the Supervisor at your chosen club or send it to **Plant y Cwm, Menter Cwm Gwendraeth Elli , 11-17 Heol Coalbrook, Pontyberem, Llanelli, SA15 5HU**. Please note that, by completing this Registration Form, you accept the After School Club's Terms and Conditions, which are available at the After School Club or on our website, mcge.org.uk

The name and location of my chosen After School Club is:

1. Name and Contact Information

<p>All children who attend must be registered with the club. Children shall remain at the club until collected by a named adult.</p> <p>Child's full name:</p> <p>Name to be called:</p> <p>Address:</p> <p>Post Code:</p> <p>Date of Birth:</p> <p>Sex: (circle) Male Female</p> <p>School:</p> <p>Parent's name:</p> <p>Address:</p> <p>Post Code:</p> <p>Telephone No's: Daytime:..... Evening:..... Mobile:.....</p> <p>Please give both parents numbers if appropriate.</p>	<p>Name and address of person collecting child from the club if different from above. Children will only be allowed to leave with a named person.</p> <p>Name:</p> <p>Address:</p> <p>Post Code:</p> <p>Tel. No:</p> <p>Details of second contact other than the collector who may be able to collect the child in an emergency or illness:</p> <p>Name:</p> <p>Address:</p> <p>Post Code:</p> <p>Tel No:</p> <p>Details of child's doctor</p> <p>Name:</p> <p>Address:</p> <p>Post Code:</p> <p>Tel No:</p>
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2. Medical Conditions:

Does your child have any known medical problems?
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3. Allergies

Does your child have any known allergies or major dislikes e.g. certain foods or materials?
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4. After School Club Sessions

On which days will your child attend the club?

Monday Tuesday Wednesday Thursday Friday

Any other information:

5. After School Club Activities

Some of the routine activities of the club may involve visiting parks or short trips. For your child to take part in these activities you must give your consent.

I consent I do not consent

Signed: Date:

6. Emergency Treatment

Parents/carers will need to consent to emergency medical treatment, if certified necessary by a doctor and if a parent/carer cannot be contacted in time on the emergency numbers provided.

I authorise the Supervisor or play/care staff to sign any written form of consent

I consent I do not consent

Signed: Date:

7. Fees

Fee per child: £___-___ per session.

I agree to pay my child's fee in advance.

I agree that my child will be collected by a named person promptly and no later than the designated time on the evenings of:

Monday Tuesday Wednesday Thursday Friday

Signed: Print full name:

Date:

8. Complaints

If any parent/guardian has a complaint regarding the After School Club, please discuss this with the Supervisor at the Club or with Plant y Cwm, on (01269) 871600, or the Care and Social Services Inspectorate for Wales, CSSIW on 0300 079 0126.

I confirm that all the information entered on this Registration Form is correct:

Signed: Print full name: Date: