

Breakfast and After School Club

Widewell Primary School, Lulworth Drive, Roborough, Plymouth, PL6 7ER, 01752 778796

Registration Form

Child's Full Name	
Address	
Date of Birth	
Parent/Guardian's Name	
Daytime Telephone No.	
Work Telephone No.	
Mobile Telephone No.	
Parent/Guardian's place of work.	
Other Emergency Nos.	
Details of persons authorised to bring or collect your child (including contact numbers) (Please note authorised persons must be over 16 years of age).	

Please list any known medical conditions your child has.
Please list any allergies your child has.
Please list any dietary requirement your child has.

Terms and Conditions

1. All fees must be paid in advance via our online payment system, Arbor.
2. Parents must ensure that Breakfast/After School Club is notified in writing of any changes to the Registration Form as soon as they occur (particularly contact telephone numbers).
3. Only children that attend Widewell Primary School will be admitted.
4. Children are signed in by a member of staff.
5. If your child is ill and unable to attend you must notify the school on 01752 778796 during office hours 8.30am - 4pm or 07731 858783 out of school office hours. To meet our duty of care, any child that has a place in a session where they do not appear, will be presumed missing and parents/guardians will be contacted.
6. Widewell Primary School reserves the right to exclude any child from the club whose behaviour is disruptive and prevents them from providing a safe, stimulating and happy environment for other children. This option will only be used in extreme circumstances and as a last resort after extensive consultation with parents/guardians and the children concerned.
7. There is a charge of £5 for first and subsequent late collections.
8. Any unpaid fees will be dealt with in line with the School Debt Policy.

The emergency contact telephone number for Breakfast/After School Club is 07731 858783

Declaration

I have read the terms and conditions of Widewell Breakfast/After School Club and agree to follow its policies and procedures.

I consent to any emergency medical treatment necessary during the running of the club. I authorise the Breakfast/After School Club staff to sign any written form of consent required by the hospital authorities if the delay in getting my signature is considered by the doctor to endanger my child's health and safety.

Signed:..... Date:.....

Print Name:.....