

John Hampden Out of School Care

Registration Form - Please indicate which club/s you require.

Breakfast Club ☐

Monday ☐ **Tuesday** ☐ **Wednesday** ☐ **Thursday** ☐ **Friday** ☐

After School Club ☐

Monday ☐ **Tuesday** ☐ **Wednesday** ☐ **Thursday** ☐ **Friday** ☐

Commencing on.....

Child's name.....

Address.....

School Attended.....

Contact phone numbers:

Main Carers name.....

Home:.....Work:.....Mobile:.....

Partners name.....

Home:.....Work.....Mobile.....

Date of Birth:.....Year group at school.....

In order to meet your child's needs as best we can, please answer the following;

Has your child been given an official diagnosis in respect of his/her needs?

.....

Is there anything he/she is afraid of?

.....

What activities does he/she enjoy or dislike?

.....

If your child is upset, what will usually calm him/her down?

.....

Please include all names of parents/carers with legal parental responsibilities.

.....

Can emergency treatment be given to your child if required? Yes/No

Does your child have any allergies? Yes/No

If so, please specify.....

Does your child need any medication? Yes/No

If so, please specify.....

In order to meet your child's needs as best we can, please tell us if any of the following apply:

Needs help/reminding re the toilet.....

Is likely to run off.....

Finds it difficult to get along with other children.....

Finds it hard to follow instructions.....

Has ever had an epileptic fit.....

Needs help to organise him/herself.....

Uses a wheelchair.....

I agree to abide by the terms and conditions of the club.

Signed.....parent/carer

Date.....