

**Buckingham Park Childcare Club - Tel: 07751 062186**

OfSTED - EY 548960

**AFTERSCHOOL CLUB BOOKING FORM.**

**PLEASE COMPLETE THIS FORM IN BLOCK CAPITALS.**

Childs name:

Date of Birth:

School / Class:

Name of parent / Guardian:

Address:

Phone number Day: 1.  
2.

During Club Time 1.  
2.

Please note below, Name and address of any other person(s) who may collect child from club

1. 2. 3.

**Choose a security password to use when collecting:**

Please tick the days you would like your child to attend:

from school finish until 6.00pm

MONDAY:

TUESDAY:

WEDNESDAY:

THURSDAY:

FRIDAY:

**DIETARY REQUIREMENTS.**

Does your child have any dietary or medical requirements? Yes / No  
( A further consent form may be required)

If yes please state:

**STARTING DATE.**

What date would you like your child to start? / / 20 PTO

**CONSENT REQUESTS - PLEASE READ THE FOLLOWING AND MARK AS APPROPRIATE.**

**ROUTINE ACTIVITIES OFF PREMISES**

Some of the routine activities of the club may involve visits or short trips off premises. For your child to take part in these activities we must have your written consent. However for major trips and outings a consent form requesting your permission will be sent home with your child.

**I do / do not \* agree to my child taking part in excursions described as above. (\*Please delete where applicable).**

**MEDICAL TREATMENT.**

**I give consent to my child undergoing any emergency medical treatment necessary during the running of the club.**

**I do / do not \* authorize the 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. (\* Please delete where applicable).**

**Our policy is not to give medication to children prescribed by G.P's unless it is for a life threatening illness, e.g. - asthma, extreme allergies, heart conditions etc.**

**Any illnesses, allergies, medical conditions, special needs etc must be detailed on the separate registration form.**

**Should my child need to take medication for a life threatening condition: - I authorize the staff to administer this medication as prescribed and on my written instruction only.**

**Signed:-**

**Print:**

**Date:**

**PHOTOGRAPHY.**

**On occasions photos may be taken for our internal newsletter / display boards / promotional leaflets / web page/ Instagram/Facebook\***

**I do give my consent to my child being photographed for the above purposes. (\*Please delete where applicable).**

**FACE PAINTING.**

**Face painting is occasionally done as an activity at the club.**

**I do / do not\* agree to my child taking part in face painting. (\* please delete as appropriate)**

**SUNCREAM**

**I give consent for The Childcare Club staff to administer 5Star UV rated sun cream as and when necessary.**

**I have read the above consent requests and have marked them as appropriate.  
I have agreed to the terms and conditions as detailed in the 'How to use your club guide.'**

**Signed-**

**Dated:-**

