



**WASPS, Out of School Club
Registration Form**

Updated March 2019

Child's Name	Date of Birth
Address	Telephone Number
	Class
1 st Parent/Guardians Name and contact numbers	2 nd Parent/Guardians Name and contact numbers
Has parental responsibility? Yes / No Is legal contact for the child? Yes / No	Has parental responsibility? Yes / No Is legal contact for the child? Yes / No
Email address:	
1 st Emergency Contact: (Not the parent above) Name, relationship to child and contact number.	
2 nd Emergency Contact: (Not the parent above) Name, relationship to child and contact number.	
Care information Please give details of any health requirements, special needs or dietary restrictions.	
Doctors Name Address Telephone Number	

Digital Images

WASPS uses digital cameras/video cameras to record events and activities. Please indicate where these photos/videos may be used. **Delete as appropriate.** Within the setting / In local press / On the internet-School Website

Medical Health

In the event of sudden illness or accident affecting my child, if recommended by a Doctor, I agree to emergency treatment, including any operative treatment and/or administration of a general anaesthetic to my child. I will notify the playleader in writing of any specific medication, which may need to be administered to my child.

Information sharing.

It will be helpful to share information about your child with other agencies/settings, for example we may need to gather information from the school or share information with them regarding academic or social development in order for us to best meet your child's needs. In order to do this we need your consent by signing below.

I wish to register my child for a place at WASPS and enclose £10 to cover initial administration costs. I have read and accept the terms and conditions. I understand I can request to see the policies and procedures.

I would like my child to attend the breakfast club on

Monday	Tuesday	Wednesday	Thursday	Friday
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I would like my child to attend the after school club on

Monday	Tuesday	Wednesday	Thursday	Friday
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Signed _____ Date _____

Data Protection

All information provided is covered by the Data Protection Act 1998 and is strictly confidential.

I give my consent to the above being held on the premises of WASPS Whyteleaf Ltd and used to contact the people listed directly by WASPS Whyteleaf Ltd.

I understand that this contact details held for my child will be destroyed when my child leaves the school.

I understand attendance and payments records are stored electronically and will not be passed on to a third party unless in the unlikely occurrence of unpaid debts.