**St Michael’s Sparkles After School Club**

**Registration Form**

Sparkles Club runs daily during term time from 3.30pm to 5.30pm.

**Children must be booked in and paid in advance on the online booking system via the school app (Payments tab on parent app).**

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| **Child’s Details** | | | |
| Childs Full Name |  | | |
| Child’s Date of Birth |  | Age |  |
| Class & Teachers Name |  | | |

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| --- | --- |
| **Parent/Carer Contact Information** | |
| Home Address |  |
| Parent/ Carer’s Name |  |
| Relationship to child |  |
| Contact Number |  |

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| --- | --- | --- | --- |
| **Emergency Contact Details** – In case of an emergency we will contact the parent/carer above. If unavailable, please list two further contacts that you would be happy to act on your behalf. | | |  |
| **1st Emergency Contact** | Name: | Tel: | Relationship to child : |
| **2nd Emergency Contact** | Name: | Tel: |  |

|  |  |
| --- | --- |
| **Food Allergies** | |
| Does your child have any food allergies? |  |
| Does your child have any specific dietary needs/ food intolerances or allergies that we should be aware of?  Do you observe any cultural or religious procedures that you feel we should be aware of? |  |
| Does your child have any medical conditions? |  |

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| **Permissions (please tick)** | | | | |
| I give permission for photographs to be taken of my child enjoying their time at breakfast club. ***They may be used in wall displays.*** | **Yes** |  | **No** |  |
| I give permission for photographs to be taken of my child enjoying their time at breakfast club. ***They may be used on the school Sparkles Club web page and school website*** | **Yes** |  | **No** |  |
| No names will be put alongside photos |  |  |  |  |

***By signing this form you confirm that you have read, understood and agree to the terms outlined in this application form and to the School’s Afterschool Club policy***

|  |  |
| --- | --- |
| **Signed Parent/Carer:** |  |
| **Date:** |  |

September 2023