



**Freedom Activity Camp**  
**After School Club Registration Form 2024-2025**

Please complete all of the information. If completing this form by hand, please use **BLOCK CAPITALS**.

Which After School Club would you like to register your child for? Please tick.

First Tower School	<input type="checkbox"/>	St Clement’s School	<input type="checkbox"/>	St Lawrence School	<input type="checkbox"/>
St Luke’s School	<input type="checkbox"/>	St Saviour’s School	<input type="checkbox"/>		<input type="checkbox"/>

**About Your Child**

First Name .....

Would you like your child to be known by a different first name?

Last Name .....

.....

Address

.....  
.....  
.....  
.....

Date of birth ...../...../.....

Male/Female

Postcode.....

Does your child have any siblings? Yes/No

What is your child’s home language? .....

Does your child have any medical needs we need to be aware of? Yes/No

If you answered yes, please give as much detail as possible below.

.....  
.....  
.....

Does your child require medication to be administered whilst at After School Club?

**This includes inhalers and EpiPen’s. Please note that any medication we administer must be in the original packaging, and have your child’s name on it.** Yes/No

If you have answered yes, the club manager will ask you to complete a separate administration of medication form.

Does your child have an allergy? Yes/No/ They have an allergy but it is unknown

If Yes, please specify below.

.....

Do you give permission for your child to have plasters/adhesive dressings applied?

Yes/No

What is your child’s dietary preference?

No preference/ Pescatarian/ Vegetarian/ Vegan/ Other

Do you give permission for your child to use sun cream provided by Freedom Activity Camp?

Yes/No

Does your child have any favourite foods?

.....

Do you give permission for your child to have their face painted?

Yes/No

Does your child have any other dietary needs we need to be aware of?

.....

.....

.....

Does your child have any special educational needs or disabilities (SEND), or benefit from support during school hours? Yes/No

If you have answered yes, please provide us with more information below.

.....

.....

.....

**The more information you give us, the more we can support your child and make their time with us a positive experience. If you would prefer to talk about this with the club manager, please indicate below.**

Yes/No

Does your child have any favourite toys?

.....

Does your child have any favourite books?

.....

Does your child have any other interests, likes or dislikes that can help us make their time with us more positive?

.....

**Parent/carer information**

**We require a minimum of 2 contacts for every child registered with us.**

**Contact 1**

Title.....  
First name.....  
Surname.....  
Email address.....  
Mobile number.....  
Work Number.....  
Address – if different from the child  
.....  
.....  
.....  
Postcode.....

What is your relationship to this child?  
.....

Do you have Parental Responsibility?  
Yes/No

**Contact 2**

Title.....  
First name.....  
Surname.....  
Email address.....  
Mobile number.....  
Work Number.....  
Address – if different from the child  
.....  
.....  
.....  
Postcode.....

What is your relationship to this child?  
.....

Do you have Parental Responsibility?  
Yes/No

**Only those with Parental Responsibility will be granted access to the Blossom app, Blossom mail and receive diary updates via Blossom.**

If you would like anyone else to collect your child from club, please give their details below.

**Please be aware that we will not let your child be collected by any person who is not named on this form.**

Title.....  
First Name.....  
Surname.....  
Mobile number.....

What is their relationship to this child?  
.....

**Blossom and Media permissions**

**For the purposes of the following questions, ‘media’ refers to photos or video taken on a Freedom Activity Camp device.**

Do you give permission to share media of your child for you own personal use via Blossom?  
Yes/No

Do you give permission to share group media of your child with parents/carers of other children registered at our club via Blossom? Yes/No

Do you give permission to share media of your child on our social media platforms, Facebook and Instagram? Yes/No

Do you give permission to share media of your child on-site? (Display boards within the club/camp setting?) Yes/No

Do you give permission to share media of your child as marketing on our social media platforms and website? Yes/No

**Opening days and times**

Our After School Clubs are open every weekday that school is open, with the exception of the very last day of the academic year.

We run 2 sessions, either a short session 15.00-16.30, or a long session 15.00-18.00 (St Lawrence 15.00-17.30).

Please indicate below which day and session length you would like to register your child for.

Monday		Tuesday		Wednesday		Thursday		Friday	
Short		Short		Short		Short		Short	
Long		Long		Long		Long		Long	

Please indicate a starting date ...../...../.....

**Terms and Conditions**

**Payment**

The cost is £13 for a short session, £18 for a long session (£15 at St Lawrence). A 10% discount will be applied for siblings. Once this form has been submitted, the yearly total (September-July) will be calculated and the cost spread over 11 months, with payments due by the end of each month, starting in September. Details of this will be emailed to you on an invoice including the bank details. Please note that you will be charged for all sessions you sign up for. Extra sessions can be booked through the Blossom App, and will be invoiced individually at the end of the month.

**Data Protection**

The information collected on this form will be held by Freedom Activity Camp in manual and in electronic format. The information will be processed in accordance with the Data Protection (Jersey) Law 2018. The purpose of holding this information is to facilitate your child’s participation with Freedom Activity Camp. Disclosure of any of this information to statutory bodies such as the Department for Education or its agencies will take place only in accordance with legislation or regulatory requirements. Explicit consent will be sought from Parents/Guardians if Freedom Activity Camp wishes to disclose this information to a third party for any other reason. Parents/Guardians have a right to access the personal data held on them by the Freedom Activity Camp and to correct it if necessary.

**Exclusion after sickness**

If your child is unwell at home with sickness and/or diarrhoea, they should be kept at home for **a minimum of 48 hours following the last episode of illness**. If they are sick and/or have diarrhoea at the club, there must be a minimum period of 48 hours following the last episode before they return to the club.

.....  
Parent/Carer Name

.....  
Signature

.....  
Date