

Le Petit Coin, Highfield Estate, La Route du Petit Clos, St Helier, JE2 3FD



721640

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**After School Club Registration Form 2023/24**

**In which club would you like to book a place? Please tick**

<p><b>Name of Child</b></p> <p>.....</p>
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<b>First Tower School</b>	
<b>St Clement School</b>	
<b>St Lawrence School</b>	
<b>St Luke School</b>	
<b>St Saviour School</b>	

Date of Birth .....

Address .....

.....

.....

.....

Doctor's Name .....

Doctor's Address .....

Doctor's tel. no. ....

**Contact Details**

<p><b>Contact 1</b></p> <p>Name</p> <p>Email</p> <p>Mobile</p> <p>Work</p> <p>Do you have parental responsibility? Yes/No</p>	<p><b>Contact 2</b></p> <p>Name</p> <p>Email</p> <p>Mobile</p> <p>Work</p> <p>Does he/she have parental responsibility? Yes/No</p>
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**Please give us any relevant information regarding your child's health. We need to be able to respond in an appropriate manner should assistance be needed. If there are no relevant conditions or allergies, please enter NONE.**

Please delete as you feel appropriate.

I give/do not give staff permission for my child's photograph to be displayed in the club area.

I give/do not give staff permission for staff to administer a plaster should it be required.

I give/do not give permission for staff to authorise emergency medical treatment should it be necessary.

Please see staff if prescribed medicine needs to be administered.

Is there any medical information that you feel we should be aware of?

.....

Does your child have any issues that require special support whilst in school

.....

Does your child suffer from any allergies that we should be aware of?

.....

Are there any foods that you do not wish to be offered to your child?

.....

Have Children's Services ever been involved with your child?

.....

Please inform us if someone other than yourself is collecting your child

Name of person collecting child .....

If you are seeking assistance from Social Security, we would like to be able to share your application with them. If you are not happy for us to do so please tick the appropriate box

Do not share

Not applicable

**Please indicate days and times you would like your child to attend (all clubs except St Lawrence)**

Mon		Tues		Wed		Thur		Fri	
4:30	6:00	4:30	6:00	4:30	6:00	4:30	6:00	4:30	6:00

**Please indicate days and times you would like your child to attend (St Lawrence only)**

Mon		Tues		Wed		Thur		Fri	
4:30	5:30	4:30	5:30	4:30	5:30	4:30	5:30	4:30	5:30

Starting date.....

**Others with parental responsibility**

Name .....

Relationship to child .....

Address .....

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

Tel. ....

**Please try to avoid calling the school secretary regarding the After School Club. She may not always have time to deal with your query.**

**We will keep contact numbers in our telephone so that we can contact you. If you wish to contact us, the After School Club mobile numbers are:**

<b>First Tower School</b>	<b>07700886600</b>
<b>St Clement School</b>	<b>07829920917</b>
<b>St Lawrence School</b>	<b>07797936388</b>
<b>St Luke School</b>	<b>07700788866</b>
<b>St Saviour School</b>	<b>07829820917</b>

**Please do text us if for any reason your child is not going to come to the club on a day that we expect them to come.**

**Is someone other than the people you have listed is going to pick up your child, please call us and give us the details.**

**Signing out can only be done by an adult.**

## Terms and conditions

### 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.

### Registration of Camp

Freedom Activity Camp is a registered play care provider and parents may be able to claim a tax allowance for the fees paid to us for all of our activity camps.

### Exclusion after sickness

If your child is unwell at home with sickness and/or diarrhea, 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 diarrhea at the club, there must be a minimum period of 48 hours following the last episode before they return to the club.

### Signing out

Please make sure that you have signed your child out before you take them home.

### Social Media/Photography

During sessions, we may take photographs of the children whilst they are engaged in their activities. These photographs or video clips may be used on our website or on our Facebook page. If you do not want your child's image to be used in this way, please indicate by noting "**do not give**" to the relevant question on the registration form.

I consent to my child taking part in the After School Club.

Signature:

Relationship to child:

Date: