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The Acorns Primary

& Nursery School

www.theacornsprimary.co.uk

Executive Headteacher

Mrs Hannah Broom BA(Hons) NPQH

**The Acorns Primary and Nursery School**

**Before and After-School Club Registration Form 2024-2025**

**Child’s Details**

|  |  |  |
| --- | --- | --- |
| Name | Current year group | Date of Birth  |

I wish to register my child for (please tick):

* Breakfast Club
* After-School club
* Breakfast and After-School Club

**Parent/Carer Details**

|  |  |  |
| --- | --- | --- |
| Name |  | Name |
| Home AddressTelephone: |  | Home AddressTelephone: |
| Work AddressTelephone: |  | Work AddressTelephone: |
| Mobile Number: |  | Mobile Number |
| Email Address |  | Email Address |

Alternative Emergency Contact Details (please provide details of at least one other person we can

phone if we are not able to contact you)

|  |  |  |
| --- | --- | --- |
| Name | Relationship to Child | Mobile Number |
| Address | Other Telephone Number: |

|  |  |  |
| --- | --- | --- |
| Name | Relationship to Child | Mobile Number |
| Address | Other Telephone Number: |

**Details of Child’s Doctor**

|  |
| --- |
| Name of Doctor |
| Address of Surgery | Telephone Number |

**About Your Child**

|  |
| --- |
| Please detail any additional/special needs or disabilities: |
| Please detail any medical needs including details of any medication: |
| Please detail any allergies: |
| Please detail any dietary requirements: |
| Any additional information: |
| **Out of School Activity**: Your consent is required for your child to take part in certain activities: |
| I do/do not consent to my child undertaking cooking and tasting activities? |
| I do/do not consent to my child watching PG rated films?  |
| I do/do not give permission for a member of staff to administer appropriate first aid if required. |
| I do/do not give permission for a member of staff to seek any necessary emergency medical advice or treatment in the event that my child is involved in a serious accident. I expect to be contacted immediately on the above telephone numbers. |
| **Declaration/Consent:** |
| I hereby consent for my child to take up a place at this Club, according to the conditions in the Handbook and the policies and procedures. I have understood the expectations and obligations relating to both myself and the Club and agree to abide by them. |
| I have received a copy of the Club’s Handbook |
| I agree to book my sessions via the School Spider App as outlined in the Handbook and to cancel any sessions that are no longer required  |
| I agree to abide by the cancellation notice requirements of the Club  |
| I understand that bookings and payments are made via the School Spider App and that sessions cannot be secured without this booking. Only in exceptional or emergency circumstances can a session be booked by the School Office, which you will be invoiced for and agree to settle immediately  |
| I confirm that the information given above is correct and I promise to contact the Club Leader or School Operations Manager immediately if any of the details change |

Signature of Parent/Carer................................................................. Date.............................................................

Please print name .................................................................................................................................................