**ACES Out of School Club Registration form**

|  |  |  |
| --- | --- | --- |
| First name: | Surname: | What s/he likes to be called: |
| Date of birth Gender: Boy…………Girl …………. | School attended: First language: | Start Date:Password |

I agree to my child taking part in routine activities such as local parks, cinema, short trips YES / NO

Sunscreen: I will supply my own sunscreen YES / NO / I will allow ACES to supply YES / NO

I agree to photographs of my child being taken at ACES YES / No

I give permission to ACES to seek any emergency medical advice or treatment YES / NO

**Parent/Guardian details**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Title: | First name: | Surname | Title: | First name: | Surname |
| National Insurance NoParent / Carers Date of Birth: | National Insurance No:Parent / Carers Date of Birth:Unique Voucher numbers: |
| Home address: | Home address (if different): |
| Does this child normally live at this address? Yes / No | Does this child normally live at this address? Yes / No |
| Home number: | Mobile number: | Work number: | Home number: | Mobile number: | Work number: |
| Email address: | Email address: |
| Does this person have parental responsibility? Yes / No | Does this person have parental responsibility? Yes / No |
| Does anyone else have parental responsibility for this child? Yes / No *(If yes, please provide details .)* |

**Emergency Contact Details** *( please provide details of two people we can contact if we are unable to get hold of you )*

|  |  |  |
| --- | --- | --- |
| Name: | Telephone number: | Mobile number: |
| Address: |  | Relationship to the child: |
| Name: | Telephone number: | Mobile number: |
| Address: |  | Relationship to the child: |

**Child’s Doctor**

|  |
| --- |
| Name of Doctor: |
| Address: | Telephone: |

**About your child**

|  |
| --- |
| Please detail any additional/special needs your child has, e.g. Educational Needs/Medical conditions: (please provide full details ) |
| Please detail any dietary requirements / food allergies / Cultural requirements for your child: (please provide full details) |
| Is there anything your child doesn’t like (food, games etc) or is scared of? |
| What are your child’s favourite activities? |

|  |
| --- |
|  |
| **Day** | **Hrs** | **times to attend** |
| **Mon** |   |   |
| **Tues** |   |   |
| **Wed** |   |   |
| **Thurs** |   |   |
| **Fri** |   |   |
| **total** |  |  |

**\* pay as you go parent must text to inform staff of childcare needs**

**\*\* You will be given onsite numbers and out of hours numbers**

**Pay as you go Contract ……………………………………………/ Contracted……………………………… ………….**

**£30 upfront charge discussed …………………………………… Payments in advance discussed………………………….**

**Signature of Parent/Carer…………………………………………………Print Name……………………………………….Date………………………….**

**ACES Representative sign and print name…………………………………………………………………………….Date:………………………………**

**Data Protection: ACES comply with the data protection act 25th May 2018**

**OFFICE USE ONLY**

Start Date: ………………………PASSWORD: …………….……………

2 Year Voucher code Number(if applicable): ………………………………………..

3 Year Voucher Code Number (if applicable) ………………………………………..

Proof of Childs Date of Birth seen by …………………………….Date: ……………………

Birth Certificate number(if applicable) ………………………………/ Passport number …………………………………….

Pupil Premium ………………………………………………………….. other…………………………………………………………..

Is your child accessing any other free funding for any of the above via any other childcare setting

Yes / No

Parents to Sign……………………………………….ACES representative…………………………….

(if yes please provide details) …………………………………………………………………………………………………………………………………………………………………………………………

Parent advised of late collection fees: ……………………. Parent advised of ACES Policies …………………………..

Contract Discussed …………………………Contract completed ………………………… (payg / set amount)

Payment options given ……………………………………………….please state preferred option (card / via bank/ voucher scheme)