



# Thrupp Primary School After School Child Care



Registration form – December 2025

All children who attend must be registered. Children can only be collected by an authorised adult as named below.

|                                                                                                                                                         |     |                                        |                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----------------------------------------|------------------------------|
| Child's name in full                                                                                                                                    |     |                                        |                              |
| Name to be used (if different)                                                                                                                          |     |                                        |                              |
| Address (including postcode)                                                                                                                            |     |                                        |                              |
| Date of birth                                                                                                                                           |     | Early Years<br>Foundation Stage (EYFS) | <div>YES</div> <div>NO</div> |
| Names of parent(s) or carer(s)                                                                                                                          |     |                                        |                              |
| Address (including postcode)<br>(if different)                                                                                                          |     |                                        |                              |
| Telephone numbers                                                                                                                                       | Day | Evening                                | Mobile                       |
| Name and address of person<br>collecting child (if different<br>from above). Children are<br>only allowed to leave with a<br>person named on this form. |     |                                        |                              |
| Telephone numbers                                                                                                                                       | Day | Evening                                | Mobile                       |
| Name and address of another<br>contact (other than a<br>collector) who may be able to<br>collect in an emergency.                                       |     |                                        |                              |
| Telephone numbers                                                                                                                                       | Day | Evening                                | Mobile                       |

|                                                                              |  |
|------------------------------------------------------------------------------|--|
| Child's doctor (name and address)                                            |  |
| Doctor's telephone number                                                    |  |
| Known allergies (please list)                                                |  |
| Other known medical / behavioural problems (please list)                     |  |
| Any other information – cultural or religious requirements/child's interests |  |

Please complete this registration form by placing one tick on each row, and signing the bottom.

| Agreement                                                                                                                                                                                               | Yes | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| I give permission for the play work staff to take photographs and video recordings of my child for our Extended Care albums (as a record for inspections).                                              |     |    |
| I give permission for the use of photographs of my child for promoting our Extended Care through local press.                                                                                           |     |    |
| I give permission for my child to be administered prescribed medicine by the Play Leader (A separate medication form is to be completed by parents/carers)                                              |     |    |
| I consent to any necessary emergency medical treatment during Extended Care.                                                                                                                            |     |    |
| I authorise the play work staff to sign any form of consent required by the hospital authorities if a delay in getting my signature is considered by a doctor to endanger my child's health and safety. |     |    |
| I am willing for play work staff to take my child into the local community for walks, on to the school field and other local excursions.                                                                |     |    |
| I am aware that Extended Care runs under the Policies and Procedures of Thrupp Primary School. (These are available at all times and kept in the school office.)                                        |     |    |
| I will inform play work staff of any changing circumstances e.g. telephone numbers, my child's health.                                                                                                  |     |    |
| I am fully aware that if a place is booked for my child, that place must be paid for even if they have been unable to attend.                                                                           |     |    |
| I confirm all the details entered on this form are correct.                                                                                                                                             |     |    |

PRINT NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_