

**JUMPING JACKS AFTERSCHOOL CLUB**

**4 WESTWOOD HILL, SYDENHAM SE26 6QR**

**CONTACT: GENEVIEVE WILLIAMS**

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**REGISTRATION FORM**

Should you wish to register your child for a place at Jumping Jacks Afterschool Club, please complete the application form using **BLOCK** capital letters? Only to guarantee a place for your child you will be required to submit a registration fee of £20 which will be deducted from the fees when your child starts.

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| **Date form completed:** |

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| **Which school does your child attend:** |

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| --- | --- |
| **Child’s surname:** | **D.O.B:** |
| **Child’s first name:** | **Male:** |
| **Child’s middle name(s):** | **Female:** |
| **Language spoken at home:** | **Religion:** |
| **Hair colour:** | **Eye colour:** |
| **Mothers surname:** | **Forename:** |
| **Mothers occupation:** | **Work number:** |
| **Mobile number:** | **Email:** |
| **Fathers surname:** | **Forename:** |
| **Work number:** | **Work number:** |
| **Mobile number:** | **Email:** |

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| **Child’s full postal address:** |

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| **Person(s) authorised to collect child(ren):** |

|  |  |
| --- | --- |
| **Name:** | **Name:** |
| **Address:** | **Address:** |
| **Tel:** | **Tel:** |

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| **Name of family doctor:** |
| **Surgery address:** |
| **Tel:** |

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| **ILLNESS Please tick any that your child has had:** |

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| --- | --- |
| **Chicken pox** |  |
| **Scarlet Fever** |  |
| **German measles** |  |
| **Whooping cough** |  |
| **Polio** |  |
| **Diphtheria** |  |
| **Other:** |  |

|  |  |  |
| --- | --- | --- |
| **IMUNISATIONS:** | **YES** | **NO** |
| Whooping cough |  |  |
| MMR |  |  |
| Meningitis C |  |  |
| HIB |  |  |
| Polio/Diphtheria/Tetanus |  |  |
| **ALLERIES**: |  |  |
| Milk |  |  |
| Nuts |  |  |
| Eggs |  |  |
| Wheat |  |  |
| Fish |  |  |
| Strawberries |  |  |
| Penicillin |  |  |
| **MEDICAL CONDITIONS**: |  |  |
| Diabetes |  |  |
| Eczema |  |  |
| Asthma |  |  |
| Fits |  |  |

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| **If yes please specify:** |

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| **Details of any regular medication:** |

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| **Dietary requirements:** |

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| **DAILY AND WEEKLY RATES:** |

|  |  |  |  |
| --- | --- | --- | --- |
| **DAILY** | **WEEKLY** | **ADDITIONAL CHILD DAILY** | **ADDITIONAL CHILD WEEKLY** |
| £15 | £75 | £10 | £50 |

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| **WHATS INCLUDED** |
| **Collecting your child from their local school.**  **Giving your child stimulating care for each session**  **Afternoon tea: A menu list will be on display the first day outlining what the children will be having, however this could be subject to change.** |

**A full time table of the activities will also be on display.**

**Please indicate below which days required:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
|  |  |  |  |  |

Please indicate how you heard about the Afterschool club………………………………………………………...

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| I give full permission for my child (ren), to be taken to the hospital in the event of an accident. Within the Afterschool Club hours for medication or treatment to be administered by a doctor in my absence  Please sign here: |

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| I give my full permission for any suitably qualified member of staff to pick my child(ren) up from school  Please sign here: ………………………………………… |

Registration and booking fee each week is £20 and is non-refundable, but will be deducted from the fees

Fees are payable in advance or on Monday of each week.

Siblings receive a discount on normal fees.

Late collection will incur a supplementary charge of £5 for each 15 minutes, then £5 for every 10 mins thereafter.

Once the fees are paid this cannot be refunded whether or not your child is in attendance, this also applies if the child leaves.

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| I agree to comply with your terms and conditions.  Please sign: …………………………… |