**Club St Greg’s Booking Form**

Please supply all the details requested below and return the form to:

[osc@stgregorys.cheshire.sch.uk](mailto:osc@stgregorys.cheshire.sch.uk)

St Gregory’s School

Albert Road

Bollington

Cheshire

SK10 5HS

School tel: 01625 572 037

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of child | Date of birth | Male/female | Year | Class |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |

Mobile number:

Email address:

Home telephone number:

Address:

Name of Parent/Guardian:

Please mark regular sessions you require with an X:

(If you may require ad-hoc days, then please indicate in the relevant box)

|  |  |  |  |
| --- | --- | --- | --- |
| **Day** | **Morning Before School** | **After School to 5.00pm** | **After School to 6.00pm** |
| Monday |  |  |  |
| Tuesday |  |  |  |
| Wednesday |  |  |  |
| Thursday |  |  |  |
| Friday |  |  |  |

Any additional information:

With effect from:

**Registration Form**

Please complete a separate form for each child.

|  |  |
| --- | --- |
| Mother’s details: | Father’s details: |
| Name: | Name: |
| Address: | Address: |
| Place of work: | Place of work: |
| Tel: |  |
| Name of other persons authorised to collect your child:  Tel:  Relationship to Parent: | |
| Grandmother’s maiden name (for security): | |
|  | |
| **Emergency Contacts** | |
| Name:  Relationship:  Tel: | |
| Name:  Relationship:  Tel: | |
| Name:  Relationship:  Tel: | |

|  |
| --- |
| **Medical Information** |
| Dr: |
| Address: |
| Tel: |
| Allergies and details of any significant health issues (including special educational needs): |
| I hereby give permission as a parent/guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for the staff of St Gregorys’ School to seek any necessary emergency medical advice or treatment for the above named.  Signature of Parent or Guardian: |
| PLEASE INDICATE IF YOUR CHILD SHOULD NOT BE GIVEN FOOD OR DRINK AS FOLLOWS  Medical: My child has the following food/drink allergies:  Religious: The following food/drink should not be given to my child on religious grounds: |
| Other relevant information about your child: |

Club St Greg’s, has a responsibility to monitor the welfare of children and will work with parents and other agencies as appropriate to address any child protection concerns.

In the child’s interest, on occasions, it may be necessary for the out of school club to liaise with other agencies such as school, nurseries and children’s social care etc. This would always be dealt with in a confidential manner.

In order to fulfil the requirements of Ofsted, it may be necessary for the staff of Club St Greg’s at St Gregory’s Primary School to carry out observations of the children.

On occasions, the club use photographs of the children for their files and for display purposes (this may include the school website). We will use the school’s record of permission that parents completed at the start of the school year. If there are any changes please notify the club manager.

I give permission for my child/children to watch PG or U classified DVD films.

I hereby consent for my child to take up a place at Club St Greg’s at St Gregory’s School according to the terms and conditions set out in its policies and procedures. I have understood the expectations and obligations relating to both myself and the club and agree to abide by them.

I understand that late or non-payment of fees will jeopardise my child’s continued attendance at the club.

I confirm that the information I have provided is correct and I promise to contact the Club Manager immediately should any of the details change.

Signature of Parent or Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_