



LOTTERY FUNDED

Registered Charity 1142955  
OFSTED Registration EY445021  
Email address: botesdaleoutofhours@gmail.com

**Botesdale Breakfast and After School Club  
Enrolment Form and Individual Child Records  
Tel: 07952961285**

<b>Childs name</b>	
<b>Date of Birth</b>	
<b>Home address</b>	
<b>Home telephone</b>	
<b>E-Mail Address</b>	
<b>Childs School</b>	

**Parent/s, Guardian/s and Carers details**

<b>Name</b>	
<b>Relationship to child</b>	
<b>Place of work</b>	
<b>Work telephone</b>	
<b>Mobile telephone</b>	

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### Emergency contact details other than above

<b>Name</b>	
<b>Relationship to child</b>	
<b>Home telephone</b>	
<b>Mobile telephone</b>	
<b>Name of person who will normally collect your child</b>	
<b>Name of person/s who may collect your child</b>	
<b>Password for collection of your child by another</b>	
<b>Additional information, if needed i.e. who may or may not collect your child unless Club has been informed by you personally</b>	

### Child's doctor & health information

<b>Name of doctor</b>	
<b>Surgery address</b>	
<b>Surgery telephone</b>	
<b>Does your child suffer from any health problems, allergies or have any special dietary requirements</b>	



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## Permission agreements

I give permission to the following	Parent/guardian/carers signature
<b>For staff to administer first aid and seek emergency medical treatment or advice.</b>	
<b>For my child to be escorted back to the school playing field for outdoor sports and games.</b>	
<b>For adhesive plasters to be applied to you child if necessary</b>	
<b>For sun cream to be provided and applied by your child.</b>	
<b>For photographs of your child to be place on BASC website.</b>	
<b>For staff to use Face Paints on your children.</b>	
<b>For staff to share information with other childcare provisions, i.e. OFSTED, Childminders, Pre-School, Primary School, Suffolk County Council, Inclusions Officers.</b>	
<b>For staff to call an ambulance in the event of your child needing emergency hospital treatment and contact names cannot be reached immediately. To allow a member of staff to sign consent forms on the parent's behalf if a delay in treatment could endanger their child's life. This will only apply if the parent/carer is delayed in getting to the hospital.</b>	
<b>Additional information regarding your child e. g. fears, likes, dislikes, comfort items and best friends.</b>	



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**The Club operates between 3.25pm and 6.00pm during term time. Your child can be collected any time during the session up until 6.00pm  
Please tick to specify days required when booking sessions.**

Required Start date of Child \_\_\_\_\_

Monday	Tuesday	Wednesday	Thursday	Friday

**Optional information**

<b>Ethnic origin</b>	
<b>Religion</b>	
<b>Language spoken at home</b>	

**The children will be collected from St Botolph’s C.E.V.C.P School, by Club staff and escorted safely to the Club, from where they will normally be collected, unless when in warmer weather the Club staff are able to take the children back to the School to enjoy outdoor sports and games, if this is the case children will need to be collected from the School playground, a notice will be placed on the front door of the village hall informing you of this.**

<b>Signature of Parent/Carer</b>	<b>Date</b>