



# Old Vicarage School

## After School Care Registration Form

Details of Pupil			
Name		Form	

Emergency Contact Details (Parents)			
Name		Contact number:	
Name		Contact number:	

Regular sessions required per week					
	Monday	Tuesday	Wednesday	Thursday	Friday
To 4.00/4.15pm					
To 5.00pm					
To 6.00pm					
Name of person collecting				Contact number	

Occasional sessions may be required ..... (please tick if applicable)

### Parent Consent

- I agree to my daughter attending the After School Club and authorise staff members to provide such medical treatment for her as is deemed necessary in an emergency. Please note: every effort will be made to obtain parental consent directly.
- I understand that my child must be picked up from the Club by **no later than 6pm**.
- I agree to pay the fees of the After School Club and accept the Old Vicarage School's guidelines for use of the After School Club as set out in the Question and Answer guidance for parents.

Name: .....

Date: .....

Signature: .....