

# ACES Out of School Club Registration form

First name:	Surname:	What s/he likes to be called:
Date of birth	School attended:	Start Date:
Gender: Boy.....Girl .....	First language:	

I agree to my child taking part in routine activities such as local parks, cinema, short trips YES / NO

Sunscreen: I will supply my own sunscreen YES / NO / I will allow ACES to supply YES / NO

I agree to photographs of my child being taken at ACES YES / No

I give permission to ACES to seek any emergency medical advice or treatment YES / NO

## Parent/Guardian details

Title:	First name:	Surname	Title:	First name:	Surname
National Insurance No			National Insurance No		
Parent / Carers Date of Birth:			Parent / Carers Date of Birth:		
Home address:			Home address (if different):		
Does this child normally live at this address? Yes / No			Does this child normally live at this address? Yes / No		
Home number:	Mobile number:	Work number:	Home number:	Mobile number:	Work number:
Email address:			Email address:		
Does this person have parental responsibility? Yes / No			Does this person have parental responsibility? Yes / No		
Does anyone else have parental responsibility for this child? Yes / No (If yes, please provide details .)					

## Emergency Contact Details ( please provide details of two people we can contact if we are unable to get hold of you )

Name:	Telephone number:	Mobile number:
Address:		Relationship to the child:
Name:	Telephone number:	Mobile number:
Address:		Relationship to the child:

## Child's Doctor

Name of Doctor:	
Address:	Telephone:

## About your child

Please detail any additional/special needs your child has, e.g. Educational Needs/Medical conditions: (please provide full details )

Please detail any dietary requirements / food allergies / Cultural requirements for your child: (please provide full details)

Is there anything your child doesn't like (food, games etc) or is scared of?

What are your child's favourite activities?

Day	Hrs	times to attend
Mon		
Tues		
Wed		
Thurs		
Fri		
total		

Pay as you go Contract ...../ Contracted.....

Signature of Parent/Carer.....Print Name.....Date.....

ACES Representative sign and print name.....Date:.....

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## OFFICE USE ONLY

Start Date: .....PASSWORD: .....

2 Year Voucher code Number(if applicable): .....

3 Year Voucher Code Number (if applicable) .....

Proof of Childs Date of Birth seen by .....Date: .....

Birth Certificate number(if applicable) ...../ Passport number .....

Pupil Premium .....

Is your child accessing any other free funding for any of the above via any other childcare setting

Yes / No

Parents to Sign.....ACES representative.....

(if yes please provide details)

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Parent advised of late collection fees: ..... Parent advised of ACES Policies .....

Contract Discussed .....Contract completed .....

Payment options given .....