

A global community, working and learning together.



## After School Club Registration Form

Name of child	
Date of Birth	
Class	
After school club required with effect from: <b>Please complete attached booking sheet indicating days and sessions required.</b>	
Name of parent/guardian	
Address	
Email address	
Daytime telephone number	
Evening telephone number	
Mobile telephone number	
Person collecting from after school club (if different to above)	Name: Address:  Contact telephone number:  Relationship to child:  Password (please ensure this person is aware of the password):



St Barnabas Primary School • Hart Street • Oxford • OX2 6BN  
Tel: 01865 557178 • Web: [www.st-barnabas.oxon.sch.uk](http://www.st-barnabas.oxon.sch.uk)  
Fax: 01865 516955 • Email: [office.3832@st-barnabas.oxon.sch.uk](mailto:office.3832@st-barnabas.oxon.sch.uk)



<p>Emergency contact (if different to parent/guardian):</p> <p>Name:</p> <p>Contact telephone number(s):</p>	
<p>GP Details:</p> <p>Name:</p> <p>Address:</p> <p>Telephone Number:</p>	
<p>Medical Conditions <span style="float: right;">YES/NO</span></p> <p>Details:</p>	
<p>Allergies/dietary requirements <span style="float: right;">YES/NO</span></p> <p>Details:</p> <p><b><i>If your child has any food allergies please ensure you check the with ASC staff for the list of allergens in the food provided.</i></b></p>	
<p>Photograph consent (Please tick)</p>	<p>May we use your child's photograph on project display boards in ASC?</p> <p style="text-align: right;"><input type="checkbox"/> YES   <input type="checkbox"/> NO</p> <p>May we use your child's image on twitter?</p> <p style="text-align: right;"><input type="checkbox"/> YES   <input type="checkbox"/> NO</p>



Payment method, I would like to pay by:  <b><i>All payments must be made <u>in advance</u> via the office and not directly to the ASC staff.</i></b>	Cheque (made payable to OCC) <input type="checkbox"/>
	Cash <input type="checkbox"/>
	Online via ParentMail +Pay <input type="checkbox"/>
	Voucher <input type="checkbox"/> Contact details of the voucher scheme:
Any other information you would like to tell us.	
I agree to the After School Club terms and conditions.  I give permission for After School Club staff to seek medical advice and for trained staff to administer first aid if required.  I understand my child's place is not secured until payment is made.  Signature: .....  Date: .....	

