



CHELSEA PRIMARY SCHOOL After School Care Programme

ENROLMENT FORM

General

1. Child's Name:

Age: Date of Birth: Year: Space:

Home Address:

Mother's name:

Place of Work:

Phone (Home):(Work):(Mobile):

Father's Name:

Place of Work:

Phone (Home):(Work):(Mobile):

Other people authorised to collect your child:

1. Name:

2. Name:

Are there any circumstances of which we should be aware in relation to your child,
e.g. anybody you do not wish to collect your child from the After School Care
Programme?

.....
.....

Other contact people to call in case of an emergency:

1. Name: Phone:

2. Name:Phone:

Health

Family Doctor: Phone:

Health (allergies, dietary restrictions etc.):

.....

Serious illnesses, injuries or disabilities:

.....

Ongoing medications:

Attendance

Please indicate attendance category: Regular

Casual

If regular please tick the days and hours your child will be attending

	Monday	Tuesday	Wednesday	Thursday	Friday
3.00-3.30					
3.30-4.00					
4.00-4.30					
4.30-5.00					
5.00-5.30					
5.30-6.00					

Please note: The attendance book must be signed when your child is collected.

I have read the attached information and accept my responsibilities as outlined therein.

I hereby authorise the Chelsea Primary School After School Care programme to call medical advice in the case of an emergency and accept that the programme’s staff and management shall not be liable for any expenses to my child’s health or property.

While the Chelsea Primary School Board of Trustees and After School Care Programme Staff will take care to provide proper supervision of all children at each session, neither the Board of Trustees nor the staff shall have any personal liability in respect to any act of omission arising from any session or activity of the After School Care Programme.

Signed: Date:
Parent/Guardian/Caregiver