BARHAM CHURCH OF ENGLAND PRIMARY SCHOOL

Kingfishers Registration Form

This form needs to be completed before a booking can be made.

Full name of child:	**Date of Birth:**	**Class:**

PARENT/GUARDIAN CONTACT DETAILS

Parent/Guardian 1: (Name)	Parent/Guardian 2: (Name)
E-mail	E-mail:
Telephone number/s:	Telephone number/s:

OTHER CONTACTS (WITH CONSENT TO PICK UP)

Name:	Name:
Telephone number/s:	Telephone number/s:

If you send someone else to collect your child/children, they will need to be told the password for collection

Password:

MEDICAL INFORMATION / FIRST AID / ADDITIONAL NEEDS

Medical Conditions / Food Allergies / Additional Needs

Medicine Care Plan Forms need to be completed and signed by parents/carers wishing to have any drug administered during breakfast and/or after school club. This will be administered by qualified staff and forms obtained from the School Office.

Completion of this form gives consent for Kingfishers staff to administer basic first aid and to give any written consent required by hospital authorities, including anaesthetic, if delay in getting my signature is considered by a medical practitioner to endanger my child's health and safety.

BOOKINGS & PAYMENTS

Bookings are completed on Arbor and **payment is made at the time of booking**.

If making payment using Tax Free Childcare Vouchers, please make sure your Arbor account is topped up before you book your sessions.

Payment queries should be addressed to Kingfisherclub@barham.kent.sch.uk

Please note that we are unable to offer refunds for unattended sessions or sessions cancelled with less than 24 hours' notice.

Signature of Parent/Guardian:
Date:

Received by: (Kingfishers Staff)
Date: