ADMINISTRATION FORM After School Jan 2018 – Dec 2018



	s of child/children				
For families of mor		Iren must reside at the same			
	First child	Second child	Third child		
First name:					
Surname:					
Date of birth:					
Gender:					
School attended:					
Class:					
	•	•			
	Parent / Guardian				
Name					
Address					
Home Tel					
Mobile Tel					
Work Tel					
	ople/emergency contac		to ato dia na nanananan		
Please give full de		d to collect your child/be con			
F :(Parent/guardian	Parent contact 1	Parent contact 2		
First name:					
Surname					
Home Tel No:					
Mobile Tel No:					
Work Tel No:					
Emergency center	et 1 Deteile	Emorganov contact 2.1	Dotoilo		
Emergency contact 1 Details (Name)			Emergency contact 2 Details (Name)		
(Name)		(Name)			
(Address)		(Address)			
D I d' I d'		D 1 (2 1) (1)			
Relationship to		Relationship to child:			
child:					

3. Please confirm your current email address: Sending emails about playground and relevant New Ark news helps us to keep costs down. Your email will not be shared with any other organisation. Also please regularly check the notices in our reception.								
4. Medical details								
	First cl	nild		Second child			Third child	
Doctor's name and address:								
Doctor's tel no:								
Medical conditions:								
Allergies:								
Please detail any disabilities and health, behavioural or social issues:								
5. Religion/diet etc: Ple	ase stat			, cultural or die			nts.	
First child		Second of	child		Third c	hild		
5. Religion/diet etc: Ple	ase stat	e here an	v religious	cultural or die	tary regi	uireme	nts	
Fourth child	asc stat	Fifth child		, caltaral of alc	Sixth c		111.5.	
1 out it critic		T II CI TIC	THE OF THE		Cixtii o	,,,,,,,		
6. Medical treatment: I emergency, in accordant accidents and treatments collection of their child. I child.	ce with t s will be	he recomr entered ir	mendation nto our me	s of a qualified dical records w	medical	l practi by for p	tioner. Details of any parent/guardian upon	1
Parent signature:			Parent name: Da		Date:	ate:		
7 Di ()				1 1 6		Ι Λ		
7. Photographs: We occasionally take photographs and videos for use in New Ark record keeping, displays and promotional materials (which may appear both printed and online).								
If you are happy for your child to appear in any of these formats please tick the box.								
 8. **** Important information – please read***** Staff members will not allow children under eight to leave our buildings unless they are being collected by a recognised responsible person, our front door is kept closed with controlled entry. All children aged 8 and under must be signed into and out of our premises by a responsible person e.g. an adult or sibling aged 14+. Please do not allow your child to bring bikes, scooters, valuables or large quantities of money to New Ark as we accept no responsibility for 								

these or similar items.

In the interest of all staff and children, we will not tolerate behaviour believed to be harmful or in any way abusive. We reserve the right to

exclude any child or adult acting in this manner. Our behaviour policy is on display in reception and you may ask us for a copy.

If you are late collecting your child you will be charged £10 per 15 minutes or part thereof. Your membership will be reviewed if you are late 3 times in any term. If you are going to be late due to unforeseen circumstances you MUST contact New Ark on 01733 340605

Comments					
9. Declaration I wish to become a member of Newark Play Association in which gives me the right to					
vote at the AGM and apply to join the Management Committee. I wish to register children in my					
household for the above playground sessions and have read section 8 above.					
Parent signature:	Staff signature:				
Parent name:	Staff name:				
Date:	Date:				

Administration Charges:
Administration Charges are valid from January to December or any part thereof must be paid in full before your children can access our services. This charge covers your child's 'Activities Card' and 'Membership costs' only

Date	No Of Children	Amount Due	Amount Paid	Date Paid	Staff Initials
		£10			