



DOVEDALE WRAP AROUND CLUB

Tel: 07707526903 email: [dwac@dovedale.derbyshire.sch.uk](mailto:dvac@dovedale.derbyshire.sch.uk)

Registration Form

The information on this form is processed electronically for administrative purposes and is

subject to the terms of the Data Protection Act 1984 and GDPR

Name of Child.....

Gender.....

Date of Birth of Child.....

Name of main Parent/Carer (who the child normally lives with)

.....

Address of Contact.....

.....

Phone Number(s).....

Email address.....

Name of Mother.....

Address.....

.....

Phone number(s).....

Email address.....

Name of Father.....

Address.....

.....

Phone number(s)..... Email
address..... Who has
parental responsibility for your child?

.....

.....

Who has legal contact for your child?

.....

.....

Emergency Contact Details:

Name.....

Phone Number(s).....

If you pay using childcare vouchers please provide name of voucher company

.....

Child care requirements:

Please tick relevant boxes

	Monday	Tuesday	Wednesday	Thursday	Friday
Before school (7am to 9am)					
After School (3.20 – 4.30pm) NO TEA					
After school (3.20 to 6pm)					
Holiday Cover (8.00am to 5.30pm)					

Fees:

There is a one off payment of £20 per family to register your commitment to Dovedale Wrap Around Club.

The morning session is charged at £7.00 per child per session.

The after school until 4.30pm is charged at £5.00 – no tea included.

For families with more than one child, we offer discounted rates as detailed below to try and make the club more affordable

1 child attending £11.00 per after school session, £25.00 per day of holiday care.

2 children attending £10.25 per session per child, £25.00 per child per day holiday care

3+ children attending £9.50 per session per child,
£25.00 per child per day of holiday care

We also offer half day sessions for Holiday club 8.00am – 12.30 and 1pm – 5.30 or 9am – 3pm for £15.00 per session

Food

Does your child have special dietary needs that we may need to cater for? YES / NO

If so, please provide details.....
.....

Health

Does your child have any disabilities that we may need to know about? YES / NO

If so, please provide details.....
.....

Religion

Does your child have any specific religious needs?

.....

Photo's

During sessions and special visits photographs and videos may be taken for our records. Please sign the declaration below concerning the use of photo's.

I give / do not give permission for my child to be filmed or photographed

Signed.....

Emergency medical treatment

Should my child require to visit either the doctors or hospital and need emergency treatment whilst attending the club, I hereby give consent for such emergency treatment should I be unable to be contacted. YES / NO

Transportation

Do you give permission for the Club to transport your child using public transport, car or mini bus?

YES / NO

Outings

Do you give permission for the Club staff to take your child off the premises to places such as the local park, library, town centre and other local places. Some of these outings may involve taking your child further afield but parents/carers will always be notified of such outings beforehand. YES / NO

Films

I give permission for my child to watch films with a PG rating. YES / NO

Collection

Named people to be registered for collection of your child

.....Contact details if not already given.....

..... Contact details if not already given.....

.....Contact details if not already given.....

Form completed by (please print name).....

I acknowledge receipt of the club policy and understand the terms and conditions.

Signed Parent/Carer (delete as appropriate)

.....

Date.....