



Bovington Academy - Kid's Club Agreement

Iparent/carer of have read and accept a copy of the Bovington Academy Kid's club policy and agree to abide by the terms there in.

I accept that I am the 'contracting parent' for the above child and agree to make payments to Bovington Academy Kid's Club as per the online booking form and payment system.

In an emergency I consent, in the eventuality of not being able to be contacted, for the Club Supervisor in consultation with senior staff of the Academy to act in 'loco parentis' to ensure that my child receives appropriate care and supervision. Signed: _____

The sessions in this contract include 8am – 8.45am, 3.15pm – 4.15pm and 3.15pm – 5.30pm

Parent Signature

Print name

Date

Signedon behalf of the Bovington Kid's club

Print Name Date



Bovington Academy - Kid's Club Registration Form

PUPIL PERSONAL INFORMATION

| | | | |
|--|---|----------------|--------------------|
| SURNAME: | | FORENAME | |
| Class: | Teacher | Date of Birth: | Age last birthday: |
| HOME ADDRESS: | Postcode: | | |
| Pen portrait: Likes/ dislikes | | | |
| Additional information e.g. friendships, self-care. | | | |
| Medical information | Is there a current Health Care Plan at Bovington Academy? Yes/No? | | |
| Medical practice: | Dr's name: Phone number: | | |
| Medical conditions, allergies: | | | |

Parent / Carer information:

| | | | | | |
|----------------------------------|--|-----------|--|----------|--|
| TITLE: | | FORENAME: | | SURNAME: | |
| Relationship to child: | | | | | |
| PHONE: Mobile Home Work | | 1. | | | |
| | | 2. | | | |
| | | 3. | | | |
| | | 4. | | | |
| TITLE: | | FORENAME: | | SURNAME: | |
| Relationship to child: | | | | | |
| PHONE: Mobile Home Work | | 1. | | | |
| | | 2. | | | |
| | | 3. | | | |
| | | 4. | | | |

Emergency Contact:

| | | | | | |
|----------------------------------|--|-----------|--|----------|--|
| TITLE: | | FORENAME: | | SURNAME: | |
| Relationship to child: | | | | | |
| PHONE: Mobile Home Work | | 1. | | | |
| | | 2. | | | |
| | | 3. | | | |
| | | 4. | | | |
| TITLE: | | FORENAME: | | SURNAME: | |
| Relationship to child: | | | | | |
| PHONE: Mobile Home Work | | 1. | | | |
| | | 2. | | | |
| | | 3. | | | |
| | | 4. | | | |

NOMINATED INDIVIDUALS AUTHORISED TO COLLECT YOUR CHILD/CHILDREN

NAME OF CHILD.....

Please provide on the list below the full names of all individuals authorised to collect your child from our Kid's Club, including parents and carers.

| | Name | Relationship to the child |
|---|------|---------------------------|
| 1 | . | . |
| 2 | . | . |
| 3 | . | . |
| 4 | . | . |
| 5 | . | . |