

REGISTRATION FORM



E-Mail: office@stmarysbognor.co.uk

To contact SMASH please call the school office on 01243 822287

Information retained for the purposes of SMASH is confidential.

Application for your child to join SMASH, subject to availability

Name of child

Date of birth

Current Class

SMASH runs Monday – Friday, term time only between 3pm and 5pm. SMASH does not run on St Mary's **INSET** days.

Once we receive your child's completed registration form, you will be able to book sessions via the ParentMail system. Cost of sessions is £5 per hour, per child.

I understand that all school policies also apply to SMASH.

Signed by Parent/Carer:

Date:

Child's Personal Details

Full name of child	
Date of birth	
Child's home address	

Parent/Carers Details

	Parent/Carer 1	Parent/ Carer 2
Full name		
Relationship to child		
Home telephone		
Work telephone		
Mobile		
Email		

Emergency Contact Details

In the event that SMASH staff are unable to contact Parent/Carer 1 and 2

Full names		
Relationship to child		
Home telephone		
Mobile		
Email		

Child's medical Information/Individual Needs

Any known medical conditions, allergies, special dietary and health needs:

No

Yes

If yes, please give details:

Details of any medication:

Any other information:

Arrangements in case of sickness and/or emergency:

St Mary's Catholic School After School Club (SMASH) does not accept children who are unwell and we ask parents/carers to inform the school office on the day (or sooner) if their child will not be attending. If a child becomes unwell during a SMASH session, a member of staff will contact the parent/carer at the earliest opportunity. SMASH staff have undertaken the appropriate training to deal with a medical emergency.

While every attempt will be made to contact you, there may be a situation when it is deemed necessary to administer basic first aid to your child and in an emergency call the emergency services. Please sign below giving your consent to the SMASH team taking such action in your absence.

Signature of Parent/Carer:

Date: