



Breakfast, After school and Holiday club,  
C/O Batchwood School, Townsend Drive, St.Albans, Herts, AL3 5RP.  
Email:- [lindees@hotmail.com](mailto:lindees@hotmail.com) Tel:- 01727 848355 web- [www.lindees.co.uk](http://www.lindees.co.uk)

**LINDEES ST ALBANS AFTER SCHOOL CLUB REGISTRATION FORM**

Monday	Tuesday	Wednesday	Thursday	Friday

**CHILD'S FULL NAME**.....**School**.....  
**DATE OF BIRTH:** ..... **AGE:**.....  
**ADDRESS:** .....  
 .....  
**HOME PHONE NUMBER:** ..... **Email**.....

**CONTACT DETAILS:**

**Mothers Full Name:** .....  
 Home telephone no (if different to above): .....  
 Telephone no (work): ..... (mobile): .....  
**Fathers Full Name:** .....  
 Home telephone no (if different to above): .....  
 Telephone no (work): ..... (mobile).....  
 .....

**1<sup>st</sup> Emergency contact**

Name & Relationship to child:.....  
 Telephone no: .....

**CHILD'S DOCTOR**

Doctors name & surgery: .....  
 Doctors contact Number: .....

Does the child have any medical problems/ allergies? .....

Does the child have any dietary needs? .....

Any other information? .....

.....

- I consent to emergency medical treatment necessary during the running of the club and authorize any staff to sign any form of consent required by medical staff, if a delay in getting my signature could endanger the child's Health or Safety. Y / N
- I have read the Health policy and understand the procedures if my child needs medication whilst at the club. Y / N
- I consent to my child traveling in the mini bus or cars for being transported to and from club and for outings. Y / N
- The club may take photographs of my child for activities or events, from time to time. I consent to this. Y / N.
- I/we agree to abide by the terms and conditions set out by LINDEES club. Y / N
- I/we have read and understand LINDEES policies and procedures which are stated below. Y/N

Comments: .....

Parents signature): .....

Name (please print): ..... Date.....

How will you pay? Please circle one:-      **BACS**                  **Vouchers**                  **Cash**                  **Chip & Pin**

If paying by vouchers please state which ones.....

**Terms and Conditions**

Our fees are **£14** per session which finishes at 5.15pm or **£21** to 6.15pm and are paid monthly in advance by standing order. You will need to give a month's notice when leaving. There is a 10% discount for siblings. There will be no refunds for sickness or holidays. It is also your responsibility to inform the club of any absences due to illness or holidays so that appropriate steps can be taken and staff picking up can be notified. Also if your child comes an extra day it is your responsibility to inform us and the school. If there is no notification we will leave your child with the school.

**Healthy Eating**

LINDEES after school club will adopt a policy that will ensure that the food and drink provide the children with a tasty healthy tea. All dietary needs will be provided for.

**Behaviour**

LINDEES after school club policy is to aim to create an environment that encourages acceptable behaviour from everyone. Children will be encouraged and praised for positive behaviour.

**Heath Policy**

All cases of sickness and diarrhoea the child must be kept at home. No medicine, i.e. calpol, cough linctus will be administered unless on prescription. The child has to have been taking the medicine for at less 24 hour period prior to club staff administering it.

As a parent you will be responsible for supplying LINDEES with any medical equipment on a regular basis e.g. Asthma or Eppi pens etc that your child may require.

It is also your responsibility to inform the club of any absences due to illness so that appropriate steps can be taken. If your child has been hospitalized for any reason, it is at the club manager's discretion as to whether your child is able and well enough to attend club.