



REGISTRATION FORM

Child's full name:		
Child's preferred name (if different)	Male/Female	
Child's address		
Post code:		
Date of birth:	Age:	Class:
Name of 1 st Parent/Carer with whom the child resides:		
Home telephone:	Mobile telephone:	
Work telephone:	Occupation:	
Email Address:		
Does this parent have parental responsibility? Yes/No		
Name of 2 nd Parent /Carer:		
Home telephone:	Mobile telephone:	
Work telephone:	Occupation:	
Email Address:		
Does this parent have parental responsibility? Yes/No		

EMERGENCY CONTACT & COLLECTION ARRANGEMENTS

These are people other than parent/carers names above. We will always try to contact the parent/carer first in an emergency

Password for collection:		
1.Name:	Relationship to child:	
Home telephone:	Work telephone:	Mobile telephone:
Can this person collect your child without us being given prior notification? Yes/No		
Can this person be called to collect if your child has not been collected and you cannot be contacted? Yes/No		
Can this person be called in an emergency if you cannot be contacted? Yes/No		

Emergency contact continued:

2.Name:		Relationship to child:	
Home telephone:	Work telephone:	Mobile telephone:	
Can this person collect your child without us being given prior notification? Yes/No			
Can this person be called to collect if your child has not been collected and you cannot be contacted? Yes/No			
Can this person be called in an emergency if you cannot be contacted? Yes/No			

If any of the above information changes please notify Balgowan Buccaneers staff as a matter of urgency

PAYMENT INFORMATION

Payment to the Balgowan Buccaneers can be made using the following methods. Please tick the payment method(s) that you will be using. Please note that **we do not accept cash payments.**

Method	Please select
Bank transfer	
Cheque	
Tax free Childcare scheme (HMRC)	
Childcare vouchers Please select your provider from the list below	
• Busy Bees	
• Computershare	
• Edenred	
• Care4	
• Enjoy Benefits	
• Faircare	
• Fideliti	
• Gemelli	
• Kiddivouchers	
• RG Childcare	
• Sodexo	
• Co-operative	
• Other childcare provider (please specify)	

If your employer uses a different childcare provider to those listed above, please specify it above or contact the Balgowan Buccaneers on buccaneers@balgowan.bromley.sch.uk

Invoices will be issued half a term in advance and must be paid in full before the start of the following term. If, however, you have any difficulties in paying the full amount due or wish to discuss payment in any way, please contact the club Manager on the email address above.

Your invoice will contain your payment reference. Please insure that this is used when making all payments.

Communication preferences

We will contact you half way through the term with a balance for that term. We would like to do this via email. Please confirm that you agree with this below. If you do not agree to be kept up to date via email, we will do so by letter to the address provided on this form.

I agree to using email as my preferred contact method for all invoice balance updates and enquiries	Yes/No
Please confirm the email address(s) to be used:	

MEDICAL INFORMATION & SPECIAL OR PARTICULAR NEEDS

Name of Child's Doctor:	
Surgery address:	
Surgery telephone:	
If you answer yes to any of the following questions, please provide further details in the additional information section below. We may also require you to fill in a further form to provide more information if necessary.	
Does your child:	
Have any allergies?	Yes/No
Require an epipen?	Yes/No
Have any ongoing health issues (e.g glue ear, eye patch, eczema, asthma)	Yes/No
Have a medical condition	Yes/No
Require regular medication?	Yes/No
Have an special dietary requirements?	Yes/No
Additional information	
If any of the above information changes, please notify Balgowan Buccaneers staff as a matter or urgency on buccaneers@balgowan.bromley.sch.uk or call 07708062637	

ADDITIONAL INFORMATION

Does your child have a CAF Form (Common Assessment Framework Form)?	Yes/No
Does your child have an Education, Health and Care Plan?	Yes/No
Any other identified additional (Special Educational Needs and Disability) needs? (please specify)	

CONSENT REQUESTS

I, being the parent/carer of the afore-mentioned child, give consent that, in the event that I am unable to be contacted, my child may undergo any emergency medical treatment as deemed necessary by medical personnel, if the delay in getting my signature is considered by the doctor to endanger my child's health and safety	Yes/No
I give consent for my child to be taken off site by Balgowan Buccaneers staff when carrying our fire & emergency evacuation drills as well as real events	Yes/No
I have received a copy of the Balgowan Buccaneers Terms & Conditions and have read, understood and agree to all of the terms as set out within	Yes/No
I confirm that all information provided is correct and full to the best of my knowledge	Yes/No

Signature of Parent/Carer:

Date:

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For Balgowan Buccaneers Use Only

Items received	Date received
Registration form – fully complete	
Booking form – fully complete	
Terms & Conditions - signed	
Payment received	
Additional Medical information form (if applicable)	