



Ark Little Ridge
Primary Academy



ROCKING RIDGERS
AFTER SCHOOL CARE CLUB

ENROLMENT FORM

I will be enrolling my child (name) _____

Class _____

(if you have more than one child, please complete a form for each).

Rocking Ridgers operates a cashless till. Bookings and payments for this club are managed through ParentPay, the same system used for school dinners. If you are not registered for ParentPay, please see the school office who will print out a registration letter for you.

Fees

up to 1 hour £3.50

1-2 hours £7.00

2-3 hours £10.50

A ParentPay booking and payment is to be received by 9 am on the day of attendance. Please note, if a payment is not made for a booking by 9 am on that day, the booking is cancelled.

Parent/carer's name (please print)

Signature _____ **Date** _____

Please complete the registration form overleaf



ROCKING RIDGERS AFTER SCHOOL CARE CLUB



REGISTRATION FORM

Child's Name _____ Date of Birth _____

Password for collection of child
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Medical information

Does your child suffer from any medical problem of which we should be aware?: (please give details):

Does your child need regular medication? (if so, please give details):

Does your child have any special dietary needs? (if so, please give details):

Is there anything else you would like to make us aware of regarding your child? (if so, please give details):

Name of Doctor _____ Telephone _____

Emergency contacts

It is extremely important to inform the school office of any chances to contact numbers.

Emergency contact number (s) 3.10 – 6.00 p.m.

Name	Relationship to child	Telephone

I understand that bookings and payments for Rocking Ridgers after school care club need to be made by 9 am on the required day.

Name of parent/carer (please print) _____

signature _____ Date _____