

**A.C.E.S. SPRINGDALE**  
**BREAKFAST & AFTER SCHOOL CLUB**  
**CHILDREN AGED 3-11 YEARS AT BC & ASC**



**BREAKFAST CLUB 7.30am to 8.45am-£4**

**After School 3.15pm to 4.30pm £4**

**After School 3.15pm -5.30pm - £6.50**

**After School 3.15pm - 6pm - £7.50**

**Lates 3.15pm to 3.45pm £2.50**

**ASC Snack 50p extra**

Please book your childcare needs in advance weekly /monthly or before 1pm if you  
require childcare in an emergency on the day 07712165287

FOR FURTHER DETAILS PLEASE DO NOT HESITATE

TO CALL OR TEXT 07712 165287

Email: [acestrinity@hotmail.com](mailto:acestrinity@hotmail.com)

**WE ACCEPT ALL CHILDCARE VOUCHERS / WFTC /**

**Payments accepted Direct to Bank account**

**ACES IS REGISTERED WITH OFSTED / STAFF ARE DBS CHECKED AND FULLY TRAINED**

# ACES Out of School Club Registration form

First name:	Surname:	What s/he likes to be called:
Date of birth	School attended:	Start Date:
Gender: Boy.....Girl .....	First language:	Password

I agree to my child taking part in routine activities such as local parks, cinema, short trips YES / NO

Sunscreen: I will supply my own sunscreen YES / NO / I will allow ACES to supply YES / NO

I agree to photographs of my child being taken at ACES YES / No

I give permission to ACES to seek any emergency medical advice or treatment YES / NO

## Parent/Guardian details

Title:	First name:	Surname	Title:	First name:	Surname
National Insurance No			National Insurance No:		
Parent / Carers Date of Birth:			Parent / Carers Date of Birth:		
			Unique Voucher numbers:		
Home address:			Home address (if different):		
Does this child normally live at this address? Yes / No			Does this child normally live at this address? Yes / No		
Home number:	Mobile number:	Work number:	Home number:	Mobile number:	Work number:
Email address:			Email address:		
Does this person have parental responsibility? Yes / No			Does this person have parental responsibility? Yes / No		
Does anyone else have parental responsibility for this child? Yes / No <i>(If yes, please provide details .)</i>					

## Emergency Contact Details *( please provide details of two people we can contact if we are unable to get hold of you )*

Name:	Telephone number:	Mobile number:
Address:		Relationship to the child:
Name:	Telephone number:	Mobile number:
Address:		Relationship to the child:

## Child's Doctor

Name of Doctor:	
Address:	Telephone:

**About your child**

Please detail any additional/special needs your child has, e.g. Educational Needs/Medical conditions: (please provide full details )

Please detail any dietary requirements / food allergies / Cultural requirements for your child: (please provide full details)

Is there anything your child doesn't like (food, games etc) or is scared of?

What are your child's favourite activities?

Day	Hrs	times to attend
Mon		
Tues		
Wed		
Thurs		
Fri		
<b>total</b>		

\* pay as you go parent must text to inform staff of childcare needs

\*\* You will be given onsite numbers and out of hours numbers

Pay as you go Contract ...../ Contracted.....  
 £30 upfront charge discussed ..... Payments in advance discussed.....  
 Signature of Parent/Carer.....Print Name.....Date.....

ACES Representative sign and print name.....Date:.....

**Data Protection: ACES comply with the data protection act 25<sup>th</sup> May 2018**

**OFFICE USE ONLY**

Start Date: .....PASSWORD: .....

2 Year Voucher code Number(if applicable): .....

3 Year Voucher Code Number (if applicable) .....

Proof of Childs Date of Birth seen by .....Date: .....

Birth Certificate number(if applicable) ...../ Passport number .....

Pupil Premium ..... other.....

Is your child accessing any other free funding for any of the above via any other childcare setting

Yes / No

Parents to Sign.....ACES representative.....

(if yes please provide details)

.....

Parent advised of late collection fees: ..... Parent advised of ACES Policies .....

Contract Discussed .....Contract completed ..... (pay / set amount)

Payment options given .....please state preferred option (card / via bank/ voucher scheme)