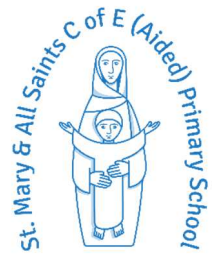


Registration Form

Breakfast/After School Club

Separate form to be filled in for each child.



Child's full name:		
Name to be used at clubs:		
Date of birth:		
Gender:		
Ethnicity:		
Religion (if any):		
Languages spoken:		
Name of Parent/Main Carer(s):		
Home address:		
Telephone number:		
Mobile number:		
Parent/Carer Place of work:		
Daytime number:		
Other Emergency Contact Details:		
PLEASE GIVE THE NAMES OF TWO OTHER PEOPLE THAT MAY COLLECT YOUR CHILD/CHILDREN (Please be aware that anyone other than your child's parent or main carer will need to say a password before they are able to collect your child).		
	Contact 1	Contact 2
Name:		
Address:		
Contact number(s):		
Relationship to Child:		
Code or password:		

CONSENT (PLEASE CIRCLE ANSWER)			
I/We give permission for my child to be taken off the premises on short trips/outings.		YES	NO
I/We give permission for my child to receive emergency First Aid when necessary.		YES	NO
I/We give permission for my child to have their photographs taken during sessions. (Photos taken will not be displayed outside the school unless permission has been given otherwise).			
• Displayed on School Noticeboards		YES	NO
• In School Newsletters		YES	NO
• Used for the promotion of the clubs and school		YES	NO
PERMISSION TO ADMINISTER MEDICATION CONSENT FORM			
I/We give permission for my child to receive the named prescribed medicines, as per the information below. <i>Please note: we are unable to administer unprescribed medication.</i>			
Medication to be Administered	Dosage to be Administered	Time to be Administered	Actioned by (Staff)
ALLERGY/SPECIAL DIET INFORMATION			
Foods not Allowed:			
Further Details: (any relevant information)			
Allergies:			
Symptoms:			
Treatment:			
Parent/Carer name:			
Parent/Carer Signature:		DATE:	
Staff name:			
Staff Signature:		DATE:	