



**Registration form for breakfast club and afterschool club**

Student name	Date of Birth	Age
Home address		
Post code		
Home telephone	Mobile	
Language/s spoken	Ethnic origin	Religion

**FAMILY DOCTOR**

Name

Surgery address

Tel. no.

<b><u>PRINCIPAL CARER:</u></b> (Mr/Mrs/Miss/Ms)	Print name _____
Mobile tel. No.	Signature _____
Work Tel. No	
Email address	
<b><u>SECONDARY CARER:</u></b> (Mr/Mrs/Miss/Ms)	Print name _____
Mobile Tel. No.	Signature _____
Work Tel. No.	

**PLEASE PROVIDE A PASSWORD FOR THE AUTHORISED PERSON THAT WILL COLLECT YOUR CHILD. WITHOUT THIS WE CANNOT RELEASE YOUR CHILD INTO THEIR CARE. PLEASE PROVIDE AT LEAST THREE EMERGEY CONTACTS TO COLLECT YOUR CHILD FROM THE CLUB. (SIBLINGS OVER 14 YEARS MAYBE INCLUDED)**

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Name \_\_\_\_\_ Tel: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name \_\_\_\_\_ Tel: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name \_\_\_\_\_ Tel: \_\_\_\_\_ Relationship: \_\_\_\_\_

**MEDICAL CONSENT:** I hereby give my consent for my child \_\_\_\_\_  
to receive treatment by a trained first aider.

Print Name.....

Relationship to child.....

Signature.....

Date.....

**Photographs:** On occasion we may wish to take photographs of children of children taking part in activities for display purposes, or for publicity including the Ecton Brook Primary School website. If you agree to your child's photo being taken for such purpose please sign below.

Signature.....

**Application of suncream:** I hereby authorise staff at afterschool club to apply suncream to my child, when necessary

Signature.....

**Activity consent**

I hereby state my wishes regarding ..... (child's name) for the following specific activities. **Please clearly mark your response.**

Permission to provide warm drinks	Yes/No
Permission to watch U rated or PG films	Yes/No
To participate in nail art activities	Yes/No
To visit local areas outside school (with prior notice from staff)	Yes/No

Name of legal parent/guardian: .....

Signature of legal parent/guardian: .....

Date: .....

**ANY MEDICAL OR DIETRY REQUIREMENTS or ANY OTHER SUPPORT WE CAN GIVE YOUR CHILD TO HELP THEM SETTLE INTO THE CLUB, PLEASE INCLUDE ALL RELEVANT INFORMATION.**

**Diagnosis** \_\_\_\_\_

**Date of diagnosis** \_\_\_\_\_

**Medication taken or to be administered** \_\_\_\_\_

**Dosage and times** \_\_\_\_\_

**A brief description of your child's need/requirement. (Please include any doctor's report if you wish to do so, so that we can fully support your child whilst in the club)**