# Registration Form

**Child's Details**

| Name | Current year group | Date of Birth |
|---|---|---|
| | | |

**Parent/Carer Details**

| Name | Name |
|---|---|
| Home Address<br><br>Telephone: | Home Address<br><br>Telephone: |
| Work Address<br><br>Telephone: | Work Address<br><br>Telephone: |
| Mobile Number: | Mobile Number |
| Email Address | Email Address |

Alternative Emergency Contact Details (please provide details of at least one other person we can phone if we are not able to contact you)

| Name | Relationship to Child | Mobile Number |
|---|---|---|
| Address | | Other Telephone Number: |

| Name | Relationship to Child | Mobile Number |
|---|---|---|
| Address | | Other Telephone Number: |

**Details of Child's Doctor**

| Name of Doctor | |
|---|---|
| Address of Surgery | Telephone Number |

**About Your Child**

| Please detail any additional/special needs: |
|---|
| Please detail any medical needs including details of any medication: |
| Please detail any allergies: |
| Please detail any dietary requirements: |
| Any additional information: |

- I consent to my child attending this club. I understand the Club adopts the school's policies and procedures and there are expectations and obligations relating to the conduct of myself and my child and I agree to abide by them. I understand that failure to do so will mean that my child will no longer be able to attend the club.
- Once my child is delivered to breakfast club he/she will be in the care of the staff until he/she is handed over to their class teacher or for older children in years 4-6, they will be dismissed from club to walk to their classroom at 0845.
- I will inform the school office if my child will not be attending the club on a day that he/she is booked in to the club.
- I will pay promptly for sessions even when my child does not attend, unless other arrangements have been made with the supervisor/headteacher.

I give permission for a member of staff to administer appropriate first aid if required.

I give permission for a member of staff to seek any necessary emergency medical advice or treatment in the event that my child is involved in a serious accident. I expect to be contacted immediately on the above telephone numbers.

Signed…….

**Terms and Conditions**

- I understand that persistent late or non-payment of fees may jeopardise my child's place.
- I understand that staff cannot be held responsible for any lost or stolen items.
- I understand that should there be any incidents at the breakfast club involving my child, I will be informed of the situation.
- I understand that the school's and club's policies will apply to breakfast club.
- I understand that the information given on this registration form is confidential. However, there may be times, for example in the case of child protection concerns, when details may be passed to other agencies in line with the child protection policy.
- I confirm that the information given on this form is correct and agree to notify the club of any changes in detail.
- I have read and, in signing this form, accept the above conditions for my child attending the breakfast club.

I give permission for the named child to:

- play in the school grounds with supervision ☐
- take part in individual / group photos ☐
- for photos to be used for promotion ie. Newspaper etc ☐

Signature of Parent/Carer.....Date.....

Please print name.....