NORTH LEIGH C E PRIMARY SCHOOL

HEADTEACHER
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Windmill After School Club Registration Form

(All children who attend **MUST** be registered with the Club)

Child's Name: …….. Date of Birth: …….

Parent/Guardian Details

Name: ……

Address: ……

Email: ……

Contact Numbers

1: ……. Relationship to child: …….

2: ……. Relationship to child: …….

3: ……. Relationship to child: …….

NB: It is a safeguarding requirement that if your child is going to be collected from the After School Club by anyone other than the people listed above, you must inform the school in advance.

Doctor's Details

Name: ……

Surgery Address:
……

Phone Number: ……

Does your child have any **medical conditions**? YES/NO

If YES, please provide details:
……

Does your child have any **allergies**? YES/NO

If YES, please provide details:
……

Does your child have any **special dietary requirements**? YES/NO

If YES, please provide details:
……

Consents

There are occasions when photographs are taken of the children taking part in activities which may be used in displays or as evidence. I am happy for my child to be photographed for these purposes. YES / NO

I consent to any emergency medical treatment necessary during the running of the club. YES / NO

I authorise the After School Club staff to sign any written form of consent required by the hospital authorities if the delay in getting my signature is considered by the doctor to endanger the health and safety of my child. YES / NO

I have received and signed a copy of the Terms and Conditions. YES / NO

Signed: …….…… (Parent/Guardian) Date: ……

For Office Use Only:
T2P – E/P ☐ ☐ ☐