

Breakfast and After School Club Registration Form

Child's Full Name: _____

Date of Birth: _____ Gender: _____ Class: _____

Home Address: _____

_____ Post Code: _____

Home Phone No.: _____

1st Mob: (Name and number please) _____

2nd Mob: (Name and number please) _____

Please provide an email address for use with our Dojo system:

Mother/Guardian Father/Guardian

Name: _____ Name: _____

Work Address: _____ Work Address: _____

Work Phone No. _____ Work Phone No. _____

Other Emergency Contact: (Name, Relationship to child, and Number) _____

Who has parental responsibility for your child? _____

Details of persons authorised to collect your child (NB authorised persons must be over 16 years of age)

Name: _____ Password: _____

Address: _____

_____ Postcode: _____

Telephone No. _____

Signed: _____ Parent/Carer Date: _____

Doctor's Name: _____ Telephone Number: _____

Address: _____

Allergies and Health Problems if any: _____

Medication if any: _____

Vaccinations up to date: Yes [] No [] Date of last Tetanus: _____

Any other information: _____

Disabilities/Learning Difficulties: _____

Cultural Needs if any: _____

Religious Needs if any: _____

Special Dietary Requirements: _____

Language Spoken: _____

Signed: _____ Date: _____

Relationship to child: _____

All information is treated in the strictest confidence and will be kept securely.

Medical Consent Form

Child's Full Name: _____

Date of Birth: _____

Address: _____

_____ Post Code _____

Parents/Carers emergency contact telephone numbers: _____

Any known medical problems, allergies or additional needs: _____

Any medication required: _____

Any other information: _____

I/We give consent for the staff at the Breakfast Club or After School Club to apply the following if needed:

Plasters [] Bandages [] Dressings [] Ice Pack [] Antiseptic Wipes []

Sun Lotion – named, child's own which has been left in school bag and []

I/We give consent for the staff at the Breakfast Club or After School Club to administer practical first aid or seek medical attention in the event of an emergency: YES NO

I/We give consent for the staff at the Breakfast Club or After School Club to sign any written form of consent required by hospital authorities should the child's health and safety be in danger and I/We are delayed attending the hospital: YES NO

In the event that my child is involved in a serious accident I/We can be contacted immediately on the above telephone numbers.

Signed: _____ Date: _____

Relationship to child: _____

Signed: _____ Date: _____

Relationship to child: _____

Parental/Guardian Consent for Photographs

The use of photographs is an important developmental tool, which is widely used in play and educational settings for recording, sharing and displaying activities that your child has undertaken. At Lytham C of E Breakfast Club and After School Club we take the issue of child protection very seriously and we would never knowingly publish an image of your child without your consent.

At the Breakfast Club and After School Club we may sometimes wish to take photographs to share with you, put up on a wall, put into the children's own folders and for promotional use eg. Club Leaflet. Please indicate below whether you give your permission for your child's photograph to be taken and the image used by us.

As the parent(s)/guardian(s) of the child named below, I/we give my/our permission for images of my/our son/daughter to be taken and used for the following purposes:

Yes No Printed information, displays and exhibitions at the Club

Yes No Promotional material for the Club including our website

Yes No Observation and assessment

Yes No Club records of my child

- I/We understand that personal details or names of any child in a photograph will never be given in such a way that would allow them to be individually identified
- I/We understand that photographs will NOT be used for anything which may be viewed as negative in tone or that may cause offence, embarrassment or distress for the child

or their parents, guardians or carers

I/We give permission for Lytham C of E Primary School Breakfast Club and After School Club
to take photographs of my/our child as indicated above.

Child's Name: _____

Signed: _____ Date: _____

Relationship to child: _____

Signed: _____ Date: _____

Relationship to child: _____