

TUNSTALL BREAKFAST & AFTER SCHOOL CLUB REGISTRATION FORM



Dear Sir/Madam

We need registration details about your family.

Please complete the form below, sign it and return it to us as soon as possible. This information will be held on a computer and used in accordance with the Data Protection Act.

Signed: _____ Date: _____

Breakfast Club After School Club Both

FIRST NAME OF CHILD _____
LAST NAME OF CHILD _____
DATE OF BIRTH _____

PERSON WITH PARENTAL RESPONSIBILITY/MAIN CONTACT

Title _____

First Name _____

Last Name _____

Relationship _____

Do you have Parental Responsibility YES/NO

Address: Line1 _____
Line 2 _____
Town _____
County _____
Postcode _____

Phone: Day/Work _____
Home _____
Mobile _____

Email _____

Place of work _____

Doctor Name _____

Surgery _____

Phone Number _____

Medical Conditions & Special Dietary Needs

Trusted Friends/Family Members (Adult member of trusted family friend)

Title _____

First Name _____

Last Name _____

Relationship _____

Has Parental Responsibility? YES/NO

Phone: Day/Work _____
Home _____
Mobile _____

Title _____

First Name _____

Last Name _____

Relationship _____

Has Parental Responsibility? YES/NO

Phone: Day/Work _____
Home _____
Mobile _____

Information about any person who should not have access to your child legally

Password to be used by the collecting adult so that we know they are authorised by the parent/guardian.

Consent (please tick if you consent to the following)

I consent to my child having prescribed medicines administered as described in Medical Conditions and Special Dietary Needs

I consent to my child having their photograph taken for use in the setting and for publicity (no names will be used)

I consent to the setting staff administering Emergency First Aid and to seek necessary medical advice or treatment as required