

Registration Form – Randlay Primary School AFTER SCHOOL CLUB

Childs Details			
Name Of Child:		Date Of Birth:	
Child's preferred name:		Gender:	Male/ Female

Parent(s) Details	
1. Name of Parent/Guardian:	
Address of Parent/ Guardian:	
Telephone Number – Home	
Mobile	
Work	
Relationship to child:	
Do you have parental responsibility:	Yes / No
2. Name of Parent/Guardian:	
Address of Parent/ Guardian:	
Telephone Number – Home	
Mobile	
Work	
Relationship to child:	
Do you have parental responsibility:	Yes / No

Parent(s) Details continued

Please indicate if there are any custody issues that we need to be aware of. Please supply a copy of the legal documents pertaining to these arrangements. E.g. Does your child only live with one parent? Are you a child's legal guardian? Are there any legal access arrangements that we need to be aware of?

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Emergency Contact Details

Name	Relationship to child	Telephone Number(s)	Authorised to Collect Child
			Yes/No
			Yes/No
			Yes/No
			Yes/No
			Yes/No
			Yes/No

Password

Please provide a password that you would like us to use if your child is collected by someone different.	
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Medical Information	
Name Of Doctor	
Doctors surgery and address	
Telephone Number of surgery	
Please give details of any medical or health needs e.g. inhalers, allergies, special dietary requirements, medical conditions etc	
First Aid	
In the event of an emergency I/We give my/our consent for my/our child to be given medical/ first aid treatment and/ or to be taken to hospital	
Signed	Date
<u>To Administer Paracetamol Suspension</u>	
In the event of an emergency I/We give my/our consent for my/our child to be given Paracetamol Suspension	
Signed	Date
Photography Permission	
I/We give my/our permission for photographs to be taken of my child to use	
For use within the centre (e.g profiles, displays, observations)	Yes / No
For use within the external media (e.g school website)	Yes / No
For use within Twitter	Yes/No

Cultural Information	
How would you describe your child's ethnicity or cultural background?	
What is the main religion in your family (if any)?	
Are there any festivals or special occasions celebrated in your culture that you would like to see acknowledged within the centre	
What language(s) is/are spoken in your home?	
If English is not the main language spoken at home, will this be your child's first experience of being in an English speaking environment?	Yes / No

Agreement	
Signed:	Date:
Signed:	Date: