

# St John Evangelist Catholic Primary School

## Breakfast Club – Registration Form



The following information is totally confidential and will be held as a permanent record to support after school care bookings. Please advise us immediately of any changes.

<b>Child's Surname:</b>	<b>Child's First Name:</b>
<b>Gender:</b>	<b>Date of Birth:</b>

<b>Parent/Guardian Details:</b>	<b>Parent/Guardian Details:</b>
<b>Name:</b>	<b>Name:</b>
<b>Home Address (including postcode):</b>	<b>Home Address (including postcode):</b>
<b>Home Telephone No:</b>	<b>Home Telephone No:</b>
<b>Mobile Number:</b>	<b>Mobile Number:</b>
<b>Daytime/Work Telephone Number:</b>	<b>Daytime/Work Telephone Number:</b>
<b>Email:</b>	<b>Email:</b>

<b>Emergency Contacts:</b>		
Please give details of two people to be contacted in the case of an emergency and that are able to collect your child should the need arise:		
<b>Contact First Name and Surname:</b>	<b>Relationship to Child:</b>	<b>Telephone Number:</b>

<b>Child's Health:</b>
Please provide details of significant health issues (including special education needs and/or physical statement):

<b>Details of any Special Dietary Requirements or other allergies (plasters, pollen, dust etc):</b>

<b>Preferred days for attendance:</b>				
<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>

**PARENTAL PERMISSIONS:**

Please consider the following statements and state YES or NO in the box to the right of each statement:

**Photographs/Moving Images:**

Occasionally we may take photographs of the children in our care.

**YES or NO**

I agree to the use of my child's photograph/video footage being used in printed publication/display boards for promotional purposes.

*(Names will not be used in conjunction with photographs/footage).*

May we use your child's image on our website?

Are you happy for your child to appear in press coverage?

**Out of School Activity:**

Your consent is required for your child to take part in certain activities:

**YES or NO**

Undertake cooking and tasting activities?

Do you consent to your child watching PG rated films?

Do you consent for your child to use the Internet?

Do you consent to your child having their face painted?

Do you consent for your child to take part in messy play activities?

**DECLARATION/CONSENT:****YES or NO**

I hereby consent for my child to take up a place at Breakfast Club, according to the Terms and Conditions and its policies and procedures. I have understood the expectations and obligations relating to both myself and Breakfast Club and agree to abide by them.

I have received a copy of Breakfast Clubs policy.

I have completed the Registration Form.

I agree to abide by the cancellation notice requirements of Breakfast Club.

I understand that persistent late payment or non-payment of fees will result in my child's place being withdrawn.

**I consent to any emergency medical treatment necessary whilst my child is in attendance at Breakfast Club. I authorise Breakfast Club staff to sign any form of written consent to emergency medical treatment on my behalf, if the delay in waiting for parental consent would endanger my child's health.**

**YES or NO**

**Parent/Guardian Name:**

**Parent/Guardian Signature:**

**Date:**

**Please return this form to: The School Office**

This information may be stored electronically. All information is kept in accordance with the Data Protection Act and held in strictest confidence.