**Out of School Club Registration Form - Confidential**

Please complete one form for every child. Children will not be admitted unless a form has been completed. By registering parents/carers are deemed to accept the Clubs’ Terms and Conditions which are set on the website and available from the school office.

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| **Pupil’s Details** | | | | | | |
| Child’s Forename |  | Sex: | | Boy / Girl | | |
| Child’s Surname |  | Date of Birth: | |  | | |
| Address: |  | | | | | |
| **Emergency Contacts** | | | | | | |
| **Contact 1.** Name |  | Relationship | | |  | |
| Daytime Contact No. |  | Alternative Contact No. | | |  | |
| **Contact 2.** Name |  | Relationship | | |  | |
| Daytime Contact No. |  | Alternative Contact No. | | |  | |
| **Medical Information** | | | | | | |
| Family Doctor |  | Tel. No. |  | | | |
| Address |  | | | | | |
| Health Visitor |  | Tel. No |  | | | |
| Date of last Tetanus Injection | |  | | | | |
| Does your child suffer from Asthma?  If yes, could you please leave an inhaler in the club clearly labelled with your child’s name. | | | | | | Yes / No |
| Does your child have a nut allergy?  If yes, could you please provide the club with an Epipen for your child. | | | | | | Yes / No |
| Does your child need any other medical conditions of which you wish the club to be aware? If yes, give details: | | | | | | Yes / No |
| Does your child have any specific needs, e.g. vegetarian, eats no pork: | | | | | | |
| Does your child have special needs that you would like to discuss with us in advance? | | | | | | Yes / No |
| **Permissions** | | | | | | |
| I / We give permission for my child’s work to be photocopied or use within and outside of club. | | | | | | Yes / No |
| I / We give permission for my child to be photographed during club and appear within school or on our web-site (please delete as appropriate): | | | | | | Yes / No |
| I / We give permission for my/our child to be photographed during club activities and appear outside of school, e.g. newspapers (please delete as appropriate): | | | | | | Yes / No |

|  |  |  |  |
| --- | --- | --- | --- |
| **Authorisations** | | | |
| I hereby authorise the following persons to collect my child from club: | | | |
| Name | Relationship to child | 1st Contact No. | 2nd Contact No. |
| 1. |  |  |  |
| 2. |  |  |  |

Parent(s)/Carer(s) must notify OoS of any changes to the information provided on this form.

|  |  |
| --- | --- |
| Signature | Date |
| Name | Relationship |