

## Ashchurch Playgroup Breakfast Club

### Registration Form

#### Child/ren Details

Name	Current Year group	Date of Birth
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#### Parent/Carer Details

Name	Name
<u>Home Address</u>	<u>Home Address</u>
Telephone:	Telephone:
<u>Work Address</u>	<u>Work Address</u>
Telephone:	Telephone:
Mobile Number:	Mobile Number:
Email Address	Email Address

Mother/Father/Both parents have legal parental responsibility for:  
(Delete as applicable and add Child's name in the space provided)

Alternative Emergency Contact Details (please provide details of at least one other person we can phone if we are not able to contact you)

Name	Relationship to Child	Mobile Number
Address		Other Telephone Number:
Name	Relationship to Child	Mobile Number
Address		Other Telephone Number:

## Details of Doctor

Name of Doctor	Address of Surgery	Telephone Number
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## About your Child

Please detail any additional/special needs: eg Language spoken at home
Please specify any medical needs including details of any medication: (Are there any medicines that your child/ren take regularly eg for asthma or life threatening conditions such as allergic reaction requiring epi-pen?)
Please detail any allergies:
Please detail any dietary requirements:
Any additional information:

All accidents and emergencies are entered in the Accident/Incident Log Book.

I give permission for a member of staff to administer appropriate first aid if required.

I give permission for a member of staff to seek any necessary emergency medical advice or treatment in the event that my child/ren is/are involved in a serious accident.

I expect to be contacted immediately on the above telephone numbers.

Please contact the Club Staff for a copy of the Administering Medicines Policy; please note that to have medicines administered it must be under exceptional circumstances and prescribed by the child's doctor, parents are required to fill in a form which is obtainable from the Club Staff.

I understand that the information given on this Registration Form is confidential.

I will complete a new Registration Form if any of the above details change.

Signature of Parent/Carer.....Date.....

Please print name.....