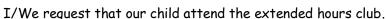
## Forty Hill CE Primary Extended Hours Breakfast and After School Club

## REGISTRATION FORM



, <b>,</b>			4.5
Breakfast Club (7.30 – 8.45am)	Yes/No		
After-School (3.15 - 4.15pm)	Yes/No	After-School Yes (3.15 - 5.30pm)	/No
Section 1 Persor	nal Details:		
Child's Surname		Year	
Forename (s)		Preferred Name	
Gender	_ Age	Date of Birth	
Home Address		Postcode	
		Home Tel No	<del> </del>
Parent's e-mail Addr	ress:		
	•	ild) Work No	
Contact 2 (name and	d relationship to ch	nild)	
Mobile No		Work No	
be contacted if par grandparent, friend	rents/carers are i d or neighbour, et		onship to child, eg.
Emergency confact	1 (name and relation	onship to child)	
Mobile No		Work No	
Emergency Contact	2 (name and relati	onship to child)	
Mohile No		Work No	

## Section 3 Password

•	red which is unique only to you in d be collecting your child/ren.	the event of	another adult no	ot named in
Password				
Section 4 Medica	l/Special Needs and Dietary Ir	formation		
Please indicate whic	h, if any, of the following conditi	ons has been	experienced by	your child:
Asthma	Yes/No	Hearing Problems		Yes/No
Hay Fever	Yes/No	Vision Problems		Yes/No
Eczema	Yes/No	Speech Problems		Yes/No
Heart condition	Yes/No	Allergy to penicillin		Yes/No
Fits/convulsions	Yes/No	Allergy to zinc plasters		Yes/No
Any other medical	condition or concerns you wish	to bring to t	he attention of	the club:
Has your child been date of last immunis	immunised with MMR and if so sation?	Yes/No	Date	
Has your child been if so the date of im	immunised against tetanus and munisation?	Yes/No	Date	
Is your child able to	attend the toilet without help?		Yes/	/No
Is your child able to	take part in all normal activities	Yes/	'No	
In an emergency, ar member of staff's c	re you willing for your child to tro ar?	ivel in a	Yes/	/No
In an emergency, do	you agree to normal hospital or	medical treat	ment? Yes/	/No
If having breakfast	or after-school High Tea, does y	our child hav	re any special die	etary needs?
Yes/No If Yes, p	lease explain			
Doctor's surname ar		_ Tel No		
Surgery Address	Postcode			

I consent to any emergency medical treatment necessary during the running of extended hours club, and authorise the staff to administer minor First Aid treatment as needed when necessary and sign any form of consent required by medical staff, if a delay in getting my signature could endanger the child's health or safety.

I have read and agree to abide by the Forty Hill Breakfast and Afterschool (The Den) Policy along with the schools Health & Safety Policy, Behaviour Policy and Suspension and Exclusion Policy.

Name Paren	nt/Guardian/Car	er (print)			
Signed Pare	ent/Guardian/Ca	rer			
Date					
( <b>for office</b> Registration	• •				
PLEASE	STATE RE	QUIRED DA	YS AND TI	IMES:	
Breakfast (	(7.30 - 8.45am	£4.00	per session		
Monday	Tuesday	Wednesday	Thursday	Friday	
After-scho	ool (3.15 - 4.15	pm) £3.00	per session		
Monday	Tuesday	Wednesday	Thursday	Friday	
After seke	al (2 15	nm) £8 50	non coccion		

Data is used in the school in accordance with our published privacy statement which is available on our website <a href="www.fortyhill.com">www.fortyhill.com</a>. This privacy statement explains what personal data we collect from you, and how we use it.

Thursday

Friday

Wednesday

Tuesday

Monday