

Registration and Consent Form For Breakfast Club and After School Care at North Bradley CE School

Welcome to our Breakfast Club and After School Care which is provided in conjunction with Active Trowbridge.

It is important that we have up-to-date information about your child, so please take the time to complete this form carefully. Without this form your child is unable attend breakfast club and after school care sessions. Please let us know if there are any significant changes in the child's circumstances you feel we should know about.

Child's details

Full name of child

Name child is known by

Date of Birth

Address

.....

..... Post code

Your Contact details

Land line telephone

Mobile telephone

Email address

With whom does the child live?.....

Relationship to the child

Parental responsibility for the child

Mother/ Father Name

Address and post code (if different from above).....

.....

Land line phone

Mobile phone

Email

Additional contact

Name

Telephone number

Relationship to child

please continue and sign overleaf

Medical information

Name of child's GP

Address

.....

.....Post code

Telephone

Date of Last tetanus injection (if known).....

Does the child/young person have any allergies?.....

.....

Is the child/young person on any medication?

.....

Any health condition or disability we should know about?

.....

.....

Declaration

I give permission for **photos** to be taken during the group session. ☐

Pick up arrangements

I confirm that my child will be picked up on time at the end of Late Owls/will walk home alone after the session. (Please delete as applicable).

Signature

.....

Date.....