

# BOWHILL BREAKFAST CLUB CHILD REGISTRATION FORM

Date place started:

Date place finished:

PLEASE WRITE CLEARLY IN BLOCK CAPITALS

<b>CHILD'S FULL NAME</b>	
<b>DATE OF BIRTH</b>	
<b>GENDER</b>	
<b>NAME TO BE CALLED</b>	
<b>ADDRESS</b>	
<b>SCHOOL ATTENDED</b>	
<b>ETHNICITY</b>	
<b>RELIGION (IF ANY)</b>	
<b>LANGUAGES SPOKEN</b>	
<b>NAME(S) OF PARENT(S)/ CARER(S)</b>	
<b>PARENT/CARERS' ADDRESS</b>	
<b>PARENT/CARER'S TELEPHONE NUMBERS</b>	DAY MOBILE EMAIL
<b>PARENT/CARER'S PLACE OF WORK AND TELEPHONE NUMBER(S)</b>	NAME OF WORKPLACE <span style="float: right;">TELEPHONE NUMBER</span>
<b>NAME OF EMERGENCY CONTACT</b>	(THEY WILL BE CONTACTED IF THERE IS AN EMERGENCY AND PARENT/CARER CANNOT BE REACHED)
<b>ADDRESS OF EMERGENCY CONTACT</b>	
<b>EMERGENCY CONTACT'S TELEPHONE NUMBERS</b>	DAY EVENING MOBILE
<b>NAME AND ADDRESS OF PERSON(S) AUTHORISED TO DROP OFF CHILD TO CLUB</b>	

TELEPHONE NUMBERS OF AUTHORISED PERSON(S)	DAY EVENING MOBILE
NAME OF CHILD'S DOCTOR	
ADDRESS OF DOCTOR	
DOCTOR'S TELEPHONE NUMBERS	DAY EVENING MOBILE
DETAILS OF ANY SIGNIFICANT HEALTH ISSUES	(INCLUDING SPECIAL EDUCATIONAL NEEDS/PHYSICAL DISABILITIES STATEMENT)
DOES YOUR CHILD HAVE ANY KNOWN ALLERGIES OR MAJOR DISLIKES (I.E. FOOD OR MATERIALS)? PLEASE LIST	
RECORD OF IMMUNISATIONS (INCLUDING DATES):	
ON WHICH DAYS WILL YOUR CHILD ATTEND THE CLUB? (PLEASE TICK)	MONDAY    TUESDAY    WEDNESDAY    THURSDAY    FRIDAY <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
ANY OTHER RELEVANT INFORMATION	

I consent to any emergency medical treatment necessary during the running of the club. I authorise the playcare staff to sign any written form of consent required by the hospital authorities if the delay in getting my signature is considered by the doctor to endanger my child's health and safety.

Yes  No

I hereby consent for my child to take up a place at Bowhill Breakfast Club, according to terms and conditions set out in its policies and procedures. I have understood the expectations and obligations relating to both myself and the club, and agree to abide by them.

I understand that persistent late or non-payment of fees will jeopardise my child's continued attendance at the club.

If I am entitled to Child Tax Credits the Bowhill Primary School Ofsted No is 134174. (You will normally need to be working at least 16 hours per week to qualify and may be able to claim up to 80% of the Breakfast Club fees. Further information on Child Tax Credits can be obtained from HM Revenue & Customs Tax Credit Helpline 0845 300 3900.)

I confirm that the information given above is correct and I will contact the Play Leader as soon as any of the details change.

Signed ..... (parent/guardian)  
Name (Printed)..... Date .....