

Culworth Wrap Around Care (Breakfast & After School Club)

REGISTRATION FORM

(& MEDICAL TREATMENT)

Child's Full Name:			
Name to be used:			
Are you registering for:	Breakfast Club	After School Club	Both
Date of Birth:		Class:	
Gender:		Religion (if relevant):	
Languages Spoken:			
Names of Parents/Carers:			
Home Address:			
Mobile Number/s:		Landline Number:	
Email Address:			
Emergency/Authorised Person Contact Details:			
Doctor's Name:		Tel:	
Doctor's Address:			
Significant Health Issues:			
Dietary Requirements, Allergies and Significant Food/ Drink Preferences:			
Any Other Relevant Information:			

I hereby consent for my child to take up a place at this Club, according to the 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. I confirm that the information given above is correct, and I promise to contact the Manager as soon as any of the details change.

Signature of Parent/Carer: _____ **Date:** _____

Medical Treatment

In the event that my child is involved in a serious incident while at the Club, I expect the Manager or a delegated member of staff, to contact me immediately on the above emergency contact number.

In the event that my child requires immediate medical treatment I hereby authorise the Manager, or a delegated member of staff, to consent to emergency medical treatment on my behalf.

I understand that this authorisation will remain valid unless I contact the Manager to withdraw it.

Signature of Parent/Carer: _____ **Date:** _____