

Breakfast Club/ After School Clubs

Registration Form

Please return completed form to the school as soon as possible.

Please complete this form so the school has the correct details about your child. Registration ensures we have essential information about each child including contact and health information. The form must be completed prior to attending the club.

Giles Brook School, Holborn Crescent, Tattenhoe, Milton Keynes MK4 3GB

Child's Surname: First Name:

Date of birth: Sex: Male / Female (please delete)

Home Address:.....

Postcode: Home Phone Number:

EMERGENCY CONTACT NUMBERS: It is extremely important that we are able to make contact with you during Clubs should there be a problem with your child. Please therefore give daytime details and at least one other contact person and indicate the order in which they should be contacted. Please give names and address of both parents (where possible).

First Parent Name: Mr/Mrs/ Miss/Ms

Daytime telephone number:

Daytime address:

Home telephone number:

Home address:

Mobile number (where applicable): Contact Order (please circle): 1 2

Second Parent/Second Contact Name..... Mr/Mrs/ Miss/Ms

Daytime telephone number:

Daytime address:

Home telephone number:

Home address:

Mobile number (where applicable): Contact Order (please circle): 1 2

MEDICAL DETAILS:

Name of family doctor:Telephone Number:

Address:

Are there any medical problems likely to cause difficulty or be relevant while attending the Clubs e.g. emotional, diet, fits, medication, etc.?

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Details of any regular medication: (e.g. asthma inhaler)

Will your child need to have their medication in school? Yes/No

If yes, please give details

Is your child allergic to plasters? Yes / No

Is your child allergic to nuts? Yes/No

Dietary Needs

Please tick if your child has any of the following dietary needs.

- | | | | |
|------------------------------|--------------------------|------------------|--------------------------|
| Artificial Colouring Allergy | <input type="checkbox"/> | Gluten Free | <input type="checkbox"/> |
| Kosher foods only | <input type="checkbox"/> | No dairy produce | <input type="checkbox"/> |
| No nuts of any type | <input type="checkbox"/> | No pork | <input type="checkbox"/> |
| No beef | <input type="checkbox"/> | Ramadan | <input type="checkbox"/> |
| Seafood Allergy | <input type="checkbox"/> | Vegetarian | <input type="checkbox"/> |

Please detail any further dietary needs the school needs to be aware of:-

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Photo Consent

I consent to my child being photographed whilst at the Clubs for publicity and displays: Yes/No

I give consent for my child to watch the occasional PG film: Yes/No

Please provide any other information regarding your child that the clubs should be aware of

By signing this registration form, you are agreeing to Breakfast Club/After School Club's terms and conditions.

Signed: Date

Name: (please print)

Relationship to child