

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

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 of both parents (where possible).

First Parent Name: Mr/Mrs/ Miss/Ms

Daytime telephone number:

Home telephone number:

Mobile number:

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

Daytime telephone number:

Home telephone number:

Mobile number:

MEDICAL DETAILS:

Name of family doctor:Telephone Number:

Medical Centre:

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

Does your child have their medication in school? Yes/No

If yes, please give details

Please detail any diagnosed food allergies/intolerances 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