



**Clipston School Breakfast Club
Registration Form
Registered Person/Headteacher: Mrs Emma Mercer
Tel: School 01858 525261**

Name of Child _____

Date of Birth _____

Address at which the child resides _____

_____ Postcode _____

Home Telephone Number _____

Name of Adult with whom child resides _____

Relationship to child _____

Mobile contact number _____

Work contact number _____

Place of work _____

Contact Telephone Numbers to be used in case of emergency:

1) Name _____ Number _____

Relationship to child _____

2) Name _____ Number _____

Relationship to child _____

3) Name _____ Number _____

Relationship to child _____

Parent/Carer information

Name Mother _____

Name Father _____

Address if different to that of child's above:

_____ Postcode _____

Telephone Number _____ Mobile _____

Medical Information

Name of GP _____

Address _____

Telephone number _____

Does your child require the regular use of any medication e.g. inhaler? Yes / No

If your child needs an inhaler can they self-administer? *Delete as necessary

*Yes my child needs to use an inhaler and can self-administer and I am happy for them to do this.

* Yes my child needs to use and inhaler but requires adult support to administer.

Signature of parent/carer _____ Date _____

I authorise the use of plasters / antiseptic wipes on my child in the event of minor cuts and bruises

Signature of parent/ carer _____ Date _____

In the event that my child is involved in a serious incident while at the Club, I expect the delegated member of staff to contact me immediately. In the event that my child requires immediate medical treatment before I am able to get to the hospital, I hereby authorise the 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 _____

Allergies/Dietary requirements YES / NO (If "Yes") please explain below

Other Information

Does your child have any Special Needs? No / Yes

Is there anything else you would like us to know about your child?

Payment:

I agree to pay with my on-line booking or upon receipt of an invoice, if this is a late booking or to be paid for by childcare vouchers

Signature of parent _____ Date _____