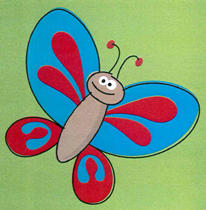
**Little Deanies & Dean Gibson School  
 Breakfast / After School Club  
 Registration Form**

**Child’s details**

|  |  |
| --- | --- |
| **Surname:** | **First name:** |
| **Preferred name:** | **Date of birth:** |
| **Address:** | **Home telephone:** |
|  |  |
|  |  |
|  |  |
|  |  |
| **Postcode:** | **Gender:** |
|  |  |
|  |  |
|  |  |
| **Ethnic Origin:** | **Home Language:** |
|  |  |
| **Mother/Female Guardian’s Name:** |  |
| **Address:** | **Home Telephone:** |
|  |  |
|  | **Mobile:** |
|  |  |
|  | **Work:** |
| **Postcode:** |  |
|  | **Email address:** |
|  |  |
|  |  |
|  | **Place of work:** |
| **Does this parent have parental responsibility? Yes/No** | |
| **Father/Male Guardian’s Name:** |  |
| **Address: (if different from above)** | **Home Telephone:** |
|  |  |
|  | **Mobile:** |
|  |  |
|  | **Work:** |
| **Postcode:** |  |
|  | **Email address:** |
|  |  |
|  |  |
|  |  |
|  | **Place of work:** |
| **Does this parent have parental responsibility? Yes/No** | |
| **Emergency Contact details: (Please provide two additional contacts for your child)** | |
|  |  |
| **Name:** | **Contact number:** |
|  |  |
| **Relationship to child:** |  |
|  |  |
|  |  |
| **Name:** | **Contact number:** |
|  |  |
| **Relationship to child:** |  |
| **Security Password (To be used by persons not ordinarily collecting child):** |  |
| **Health Details** |  |
| **Name of Registered GP:** | **Address:** |
|  |  |
|  |  |
|  |  |
|  |  |
| **Telephone Number:** |  |
|  |  |
| **Name of Registered Dentist:** | **Address:** |
|  |  |
|  |  |
|  |  |
|  |  |
| **Telephone Number:** |  |
|  |  |
|  |  |
| **Does your child have any special health requirements? Yes/No**  **Please provide details:** | |
| **Does your child have any known allergies? Yes/No**  **Please provide details:** | |
| **Does your child have any special dietary requirements? Yes/No**  **Please provide details:**  **Please provide details:** | |
| **Immunisations/Vaccinations (please tick if received)** | |
| * Measles | * Whooping Cough |
| * Mumps | * Diphtheria |
| * Rubella | * Polio |
| * Tetanus | * HIB Meningitis |

Signature of parent(s)…………………………………………………………

Name(s)………………………………………………………………………...

**Permissions:**

**Please tick to confirm agreement (Please contact the After School Club supervisor if you have any concern)**

**Child’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* I agree to observations being made and developmental records kept of my child (eg. Learning Journals for Early Years Foundation Stage).
* I understand that these will be confidential within the setting and will not be shared with any other parent. I understand that information may be shared with other professionals in Education and Children’s Services if necessary.
* I agree to photographs being taken of my child for the purposes of individual observations, and for Little Deanies After School Club records.
* I agree to photographs of my child being used in displays in the setting.
* I agree to photographs of my child being used on the Little Deanies After School Club and Dean Gibson School Website.
* I agree for a staff member to apply sun cream to my child. I understand that I must supply the After School Club with the sun cream. I must also supply a sun hat.
* I agree to Little Deanies After School Club to work with other professionals, and share information regarding my child’s well-being and development. These professionals may include other childcare providers, schools and support teachers.
* I agree to my child accessing the After School Club computer/iPad and internet facilities, with supervision from A.S.C. staff. I understand that all internet sites will be suitable for the age range of the children in the room.

Parent Name(s)……………………………………………………………………………………..

Signature(s)………………………………………………………………………………………….