

Ysgol Gynradd Llanidloes Breakfast Club

Registration Form

Child's Details

Child's full name: _____

Date of birth: ____ / ____ / ____

Child's Class: _____

Parent/Carer Details

Mother/carers: _____ Mobile: _____

Father/carers: _____ Mobile: _____

Address: _____

_____ Post code: _____

Home telephone: _____

Email address: _____

Emergency Contact Details

Please indicate below whom you would like us to contact in the event of an emergency **if we are unable to contact you:**

Name and relationship to you: _____

Address: _____

Home telephone: _____ Mobile: _____

Medical Information

Doctor's name: _____ Surgery: _____

Address: _____

Telephone No: _____

Does your child suffer from:

Asthma YES / NO Epilepsy YES / NO Heart Condition YES / NO

Eczema YES / NO Diabetes YES / NO

Allergies (e.g. bee stings, peanuts etc.) YES / NO _____

Does your child have any other health problems that we should be aware of? YES / NO

Additional Needs

Does your child have any additional needs: YES / NO _____

Does your child have any special dietary requirements: YES / NO _____

Is there any other information you feel we should know about your child: YES / NO _____

Are there any emotional / behavioural concerns regarding your child that you would like us to know about:

Please do not hesitate to contact a senior member of staff if you wish to discuss any of the above issues.

Please read the statements below and delete as necessary:

- **I do / do not** consent to my child's photograph being taken during activities whilst they attend the Breakfast Club;
- **I do / do not** consent to photographs of my child being used on the school website and in other school communications (e.g. newsletters, leaflets);
- **I do / do not** give permission for plasters to be used should a First Aider feel they are required;
- **I do / do not** give permission for my child to receive emergency treatment when necessary from a trained First Aider;
- **I do / do not** give permission for my child, if necessary, to be taken to the Accident & Emergency department in an ambulance. A member of staff would always accompany your child in this situation.

I wish to reserve a place for my child at the Breakfast Club on:

Monday / Tuesday / Wednesday / Thursday / Friday

(please delete as applicable)

Signed (Parent/Carer): _____

Print Name: _____ Date: _____