

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: _____

Telephone number: _____

P.T.O.

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 or behavioural concerns that you would like us to know about? YES / NO

Please do not hesitate to contact the club leader 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 at 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 the use of hypoallergenic plasters to be used if 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 to be taken to hospital in an ambulance if necessary. A member of staff would always accompany your child in this situation.

I will book a place for my child in advance on ParentPay.

I understand that the cost is £1.00 per session (free for children who receive free school meals), payable by ParentPay.

Signed (Parent/Carer): _____

Print Name: _____ Date: _____