

Kelsall Club Registration Form

Tick if EYFS child

| Child's Information | | |
|----------------------------------|------------------|---------------------|
| Legal Surname: | Legal Forenames: | Preferred Forename: |
| Date of birth: | School Year: | Boy/Girl |
| Siblings attending Kelsall Club: | | |

| Parent/Carer's Information | | | | | |
|--|--------------|----------------|---|--------------|----------------|
| Title: | First name: | Surname: | Title: | First name: | Surname: |
| Home Address: | | | Home Address if different: | | |
| Does this child normally live at the address? Yes/No | | | Does this child normally live at the address? Yes/No | | |
| Work address: | | | Work address: | | |
| Home number: | Work number: | Mobile number: | Home number: | Work number: | Mobile number: |
| Email address: | | | Email address: | | |
| Does this person have parental responsibility? Yes/No | | | Does this person have parental responsibility? Yes/No | | |
| Does anyone else have parental responsibility for this child? Yes/No (if yes, please provide details on a separate sheet.) | | | | | |

| Emergency contact details in the event we are unable to contact you | | |
|---|-------------------|------------------------|
| Name: | Telephone number: | Mobile number: |
| Address: | | Relationship to child: |
| Name: | Telephone number: | Mobile number: |
| Address: | | Relationship: |

| Medical Information | |
|--|------------|
| Name of Doctor: | |
| Surgery address: | Telephone: |
| Medical conditions/disability – please provide details | |
| Food allergies – please detail name and nature of allergy and what action is required | |
| Other allergies – e.g. Antibiotics, Plasters, Bee Strings etc. | |
| Dietary Information – Please provide details of any special dietary requirements | |
| Asthma Yes/No (please circle) If your child suffers from asthma, you must complete an Asthma Card. | |
| Medical Consent Do you consent to a member of staff seeking any necessary emergency medical advice or treatment for your child whilst they are in the care of Kelsall Club? Yes/No (please circle) Do you authorise the Principal or in his absence a senior member of staff to sign any written form of consent required by a hospital if any delay in getting your signature would be considered by a doctor to endanger your child's health/safety? YES / NO (please circle) | |

| Consent | | |
|---|------------------------------|-----------------------------|
| I consent to my child having supervised access to iPads and computers | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| I consent to my child's medical needs/image being displayed in school | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| I consent to the use of images of my child in school literature e.g. the newsletters, prospectus and other promotional material displayed within school | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| I consent to the use of images of my child on the school website | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| I consent to the use of images of my child on Twitter | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| I consent to the use of images of my child on Facebook | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ❖ Please note these websites can be viewed across the world | | |

| About your child | |
|--|--|
| Child's favourite activities: | Is there anything your child doesn't like or is scared of: |
| Please detail any additional special needs your child has and/or any support they will need within our setting : | Please name any professionals involved with your child: |
| Special requests/requirements which we should observe: | |
| Additional information we may need to know about your child | |

| Please tell us when your child will attend Kelsall Club (please tick) | | | | | |
|--|--------|---------|-----------|----------|--------|
| Breakfast Club | Monday | Tuesday | Wednesday | Thursday | Friday |
| After-School Session 1 | Monday | Tuesday | Wednesday | Thursday | Friday |
| After-School Session 2 | Monday | Tuesday | Wednesday | Thursday | Friday |
| Start date: | | | | | |

| Payment Method, to be made monthly in advance (please tick) | |
|--|--|
| Early years entitlement | |
| Tax free child care | |
| Child care vouchers (name of provider) | |
| Privately funded via ParentPay | |

| Names of people collecting your child/children | Relationship to child |
|---|------------------------------|
| | |
| | |
| | |
| Password (required) | |

| | | |
|------------|-------------|-------|
| Signature: | Print Name: | Date: |
|------------|-------------|-------|

Data Protection Act 1998: The school is registered under the Data Protection Act for holding personal data. The school has a duty to protect this information and to keep it up to date. The school is required to share some of the data with the Local Authority, School Health and with the DfE.