



BEFORE & AFTER SCHOOL CLUBS & NURSERY ADDITIONAL OPTIONS

Registration Form

EYFS Child? Yes / No

Please return completed form to the School Office. One form must be completed for each child.

Child's Surname: _____ Forename: _____

Date of Birth: _____ Class/Year: _____ Does a sibling attend a club? _____

Parent / Carer Name: _____ Relationship to Child: _____

Name of person with parental responsibility: _____

Name of person with legal responsibility: _____

Home address: _____

Postcode: _____

Mobile Tel No: _____ Home Tel No: _____

Work Tel No: _____ Email Address: _____

EMERGENCIES

Please give details of two people who can be contact in the event of an emergency, together with their contact numbers and relationship to your child. Please note that BWI is unable to care for any child without the details of at least one emergency contact.

Emergency Contact 1 – Name: _____ Relationship to child: _____

Home Tel No: _____ Work Tel No: _____ Mobile: _____

Emergency Contact 2 - Name: _____ Relationship to child: _____

Home Tel No: _____ Work Tel No: _____ Mobile: _____

MEDICAL CONSENT AND DIETARY REQUIREMENTS

By signing this form you give consent for BWI staff to administer emergency medical treatment on your behalf on the condition that such action would only be taken if you were unable to be contacted, or could not be present.

Please give details of any medical conditions or special needs your child has which we should be aware of such as allergies, medication/s, major or minor illnesses and learning difficulties. Please also state your child's dietary requirements (eg vegetarian or for religious purposes, etc).

Please ensure all medication is clearly marked with your child's name and dosage.

COLLECTION

If you will not be collecting your child from the club each day, please give names and passwords of persons authorised to collect your child (must be 16 and over).

Name: _____ Password: _____

Name: _____ Password: _____

Signature (Parent / Carer): _____ Date: _____