**A picture containing clipart

Description generated with high confidence**

**Registration Form – Gray’s Farm**

**Childs Name**: **Surname Deposit Paid £**

**First Name**

**Date of Birth: / /**

**Address: Family email Address:**

**Ethnic Origin: Home Language:**

**Religion:**

**School Class:**

**Name of Parents/Guardians with Parental Responsibility:** Surname

First Name

**Address:** (if different from above)

**Telephone numbers:**  Home Email

Mobile

**Please give details of two other contacts that may be able to collect your child in the event of an emergency.**

Name Name

Address Address

Phone Number: Home Phone Number: Home

Mobile Mobile

**Childs Medical Details**

Doctors Name:

Surgery Address:

Surgery phone Number:

Does your child suffer from any known medical conditions: YES/NO

If yes, please give full details:

Please provide a history of infectious diseases:

Please give details of any other medical conditions which require medication (including dosage to be given)

Has your child had: Pre-School Booster: YES/NO

Tetanus YES/NO

I consent to staff seeking emergency medical treatment of my child during the running of the club.

Signed:………………………………………… Date / /

Please give details of any major food dislikes:

Please give details of any culture/religious requirements:

On which days will your child be attending the afternoon Out of School Club:

Mon Tue Wed Thu Fri

I have received a copy of the Foots Cray Out of School Club information pack & have read & understood all policies & procedures therein. I agree to my child being collected from school by a member of staff when requested & in addition I agree to give one month’s notice of termination or payment in lieu. I understand that all days circled above will be charged for. I also understand that any fees outstanding after a two-week period will be subject to a surcharge of £25 per week.

Signed: ………………………………………. Date / /

Photo Permission

During the course of the running of the After School club it is useful to be able to take pictures of the children for display purposes and in the case of the Key stage 1 children to evidence their learning journeys.

The pictures will only be used within the school premises and those of the Key stage 1 children may also be shared with the school’s early years team.

In order to do this, we require your permission.

Childs name:

I confirm that pictures of my child may be taken and used as above.

Parent/Carers Signature……………………………………………….

Working with The School

The Breakfast & After School Clubs work closely with the school and will, when considered necessary in the best interest of the child (as decided by the club), disclose information to the school.

I confirm that I am in agreement with disclosures to the school.

Parent/Carers Signature………………………………………………..