



# Braybrook Primary School

## Braybrook Primary Breakfast and After School Club

### BREAKFAST AND AFTER SCHOOL CLUB REGISTRATION & CONSENT FORM

*Please use capital letters and tick boxes where applicable*

Child's Name \_\_\_\_\_

D.O.B. \_\_\_\_\_

Home Address \_\_\_\_\_ Ethnic origin \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Mother's name

\_\_\_\_\_

Place of work

\_\_\_\_\_

Telephone No

\_\_\_\_\_

Mobile No

\_\_\_\_\_

Father's name

\_\_\_\_\_

Place of work

\_\_\_\_\_

Telephone No

\_\_\_\_\_

Mobile No

\_\_\_\_\_

### Who has parental responsibility for the child?

Name \_\_\_\_\_

### Emergency Contact if Parents are unobtainable

Name \_\_\_\_\_

Tel No \_\_\_\_\_

Name \_\_\_\_\_

Tel No \_\_\_\_\_

## Medical Information

Doctor's name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Telephone No \_\_\_\_\_

### ***Does your child suffer from any of the following illnesses or conditions?***

|   |   |   |
|---|---|---|
| Asthma <input type="checkbox"/>                   | Hayfever <input type="checkbox"/>       |   |
| Eczema <input type="checkbox"/>                   | Epilepsy <input type="checkbox"/>       | Food Allergy <input type="checkbox"/><br>(please state) |
| Allergies (please state) <input type="checkbox"/> | Diabetes <input type="checkbox"/>       |   |
| Penicillin <input type="checkbox"/>               | Heart Problems <input type="checkbox"/> |   |

***Any other condition?*** e.g. ADHD (please specify)  
\_\_\_\_\_

***Any medication given regularly?*** e.g. Inhaler (please specify) \_\_\_\_\_  
\_\_\_\_\_

### ***Are your child's immunisations up to date?***

Diphtheria / Tetanus  Whooping Cough  Polio  MMR

If, in the case of an emergency I cannot be contacted, I give permission for my child to be given emergency medical treatment.

I consent to my child receiving basic first aid, from a qualified first aider

I consent to my child being included in **ALL** activities, unless I advise you to the contrary

I have read and agree to abide by the Contract terms

#### Weekly Sessions Required:

|   |   |   |   |
|---|---|---|---|
| Monday  | Tuesday   | Wednesday   | Thursday  |
| <input type="checkbox"/> am <input type="checkbox"/> pm | <input type="checkbox"/> am <input type="checkbox"/> pm | <input type="checkbox"/> am <input type="checkbox"/> pm | <input type="checkbox"/> am <input type="checkbox"/> pm |

Friday  am  pm      We may also be able to offer sessions at short notice if staffing ratios allow.

Additional Information

Your child's hobbies/interests:

Any other information you feel we should be made aware of

Signed (parent/carer)

\_\_\_\_\_

Date

\_\_\_\_\_