



Bishop Challoner Breakfast Club/Crèche Registration Form

Club Attended: Breakfast Club Yes/No **Crèche Yes/No** (delete where applicable)

Child's Full Name:

Child's Preferred Name: (if different) Male / Female:

Full Postal Address and Postcode: Date of Birth:

Age: Class:

Name of 1st Parent/Guardian: Name of 2nd Parent/Guardian:

Home Tel: Mobile Tel: Home Tel: Mobile Tel:

Occupation: Work Tel: Occupation: Work Tel:

Email Address: Email Address:

Does this person have parental responsibility? **Yes / No** Does this person have parental responsibility? **Yes / No**

MEDICAL INFORMATION & SPECIAL OR PARTICULAR NEEDS

Doctor's Name and Address: **Doctor's Telephone:**

If you answer **yes** to any of the following questions **please provide further details** in the space provided below or in the **Relevant Information** section on page 2.

We may also require you fill in a further form to provide more information.

Does your child have any known illnesses/allergies/conditions? **Yes / No**

Does your child have any special dietary requirements? **Yes / No**

Is your child on any regular medication? **Yes / No**

Does your child require help in administering the medicine? **Yes / No**

Does your child have any particular or special needs? If yes please ask for a supplementary booking form to supply more details. **Yes / No**

Does your child have a Statement of Education Needs? If yes please ask for a supplementary booking form to supply more details. **Yes / No**

If your child or family have an attached Social Worker, please give their name:

EMERGENCY CONTACTS & COLLECTION ARRANGEMENTS

This is people other than parent/guardian(s) named above. We will always try to contact the parent/guardian(s) in the first instance in an emergency.

Password for Collections:

1. Name: Relationship to Child:

Home Tel: Work Tel: Mobile Tel:

Can this person collect your child without us being given prior notification? **YES / NO** Can this person be called to collect if your child has not been collected and you cannot be contacted? **YES / NO** Can this person be called in an emergency if you cannot be contacted? **YES / NO**

2. Name: Relationship to Child:

Home Tel: Work Tel: Mobile Tel:

Can this person collect your child without us being given prior notification? **YES / NO** Can this person be called to collect if your child has not been collected and you cannot be contacted? **YES / NO** Can this person be called in an emergency if you cannot be contacted? **YES / NO**

RELEVANT INFORMATION

Please provide any other information you feel may be relevant below. Please include details of any of your child's likes and dislikes.

Are you, or will you, be claiming the childcare element of Working Tax Credit?

Yes/No

CONSENT REQUESTS

(Please sign each section)

I, being the parent/guardian of the afore-mentioned child, give consent that, in the event that I am unable to be contacted, my child may undergo any emergency medical treatment as deemed necessary by medical personnel, if the delay in getting my signature is considered by the doctor to endanger my child's health & safety.

I give consent for my child to be taken off site by Bishop Challoner staff when carrying out fire and emergency evacuation drills as well as real events.

I have received a Breakfast Club/Crèche Booking Form and have read, understood and agree to all of the terms and conditions as set out within.

I have read the above document and signed or marked it where appropriate and all information is correct and full to the best of my knowledge.

Signed:

Date:

Please tick the days you would like your child to attend or you child already attends and return it directly to your club or the school office

	Monday	Tuesday	Wednesday	Thursday	Friday
BC					
Crèche Including times					

If your child(ren) attend other extra-curricular clubs on the days they attend Crèche, please include name of club and times below.

Other Afterschool clubs attended	Monday (time)	Tuesday (time)	Wednesday (time)	Thursday (time)	Friday (time)