



**Boughton-under-Blean and Dunkirk  
Primary School  
Breakfast and Late Care Clubs**



**Registration Form**

**Personal Information**

This is the information you have to give us about your child in order to comply with the OFSTED standards for our registration as a childcare provider. It is in the interests of your child's safety that this information is recorded and it is therefore essential that we are informed of any changes temporary or permanent so that we can ensure our records remain up to date. This information is kept in a secure file at the club and is available for you to inspect under the terms of the Data Protection Act 1998.

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Known as (if different from above): \_\_\_\_\_

Name of Parents or Person with Legal Parental Responsibility (if appropriate):  
\_\_\_\_\_

Child's Home address and Postcode (or addresses if more than one):

Main residence:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Adult at this address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Second residence (if appropriate):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Adult at this address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Language spoken at home: \_\_\_\_\_

### Emergency Contact Information

1. Name: \_\_\_\_\_ Mobile Phone Number: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_
2. Name: \_\_\_\_\_ Mobile Phone Number: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_
3. Name: \_\_\_\_\_ Mobile Phone Number: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

### Collection Information

My child may be collected by:

1. Name: \_\_\_\_\_ Telephone no. \_\_\_\_\_  
Home address: \_\_\_\_\_
2. Name: \_\_\_\_\_ Telephone no. \_\_\_\_\_  
Home address: \_\_\_\_\_
3. Name: \_\_\_\_\_ Telephone no. \_\_\_\_\_  
Home address: \_\_\_\_\_

In the interest of your child's safety, we cannot allow him/her to leave with anyone other than those named on the list unless YOU have informed us of the change. A PASSWORD CAN BE PROVIDED IN AN EMERGENCY.

Password: \_\_\_\_\_ (VERY IMPORTANT)

### Medical Information

Known medical needs (including allergies/intolerances etc) \_\_\_\_\_

\_\_\_\_\_  
(Please include details of hearing aids, spectacles etc (including prescribed times of use ie glasses for reading)

Vaccinations: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Health Visitors Name \_\_\_\_\_ (under 5's only) Phone Number: \_\_\_\_\_

Does your child receive any additional support from the Additional Education Needs Department? Yes/No? If yes, please provide details in the space provided.  
(It is important that we have access to this information so we can best meet the needs of your child whilst they are in our care).

### **First Aid Permission**

In case of a minor incident resulting in bruises and grazes etc at Breakfast or Late Care, I give the qualified first aider on duty permission to administer first aid, in accordance with their training.

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

### **Urgent Treatment Permission**

In case of a serious incident/medical condition arising at Breakfast or Late Care when I, the parent/guardian of \_\_\_\_\_ cannot be contacted, the supervisor or person in charge of my child has the authority to act for me and to give consent to the administration of anaesthetic or any other urgent treatment.

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

### **Photograph Permission**

I give permission to Breakfast / Late Care to take photographs of my child for displays within the club. I also agree that these photos, if required, may be used in promoting the club and therefore maybe seen by members of the public (inc website).

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

### **Trips Permission**

I give Breakfast / Late Care permission to take my child on trips around the local area eg park.

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

## Membership Agreement

- I confirm that the information that has been provided is accurate and complete.
- I agree that it is my responsibility to inform the club of any changes to this information, especially any changes with regards to adults with permission to collect my child.
- I am aware that information regarding my child will remain confidential and will not be shared with anyone without my permission unless the circumstances fall within a child protection issue.
- I understand and agree to pay the fees in accordance with Boughton-under-Blean and Dunkirk School's payment terms and conditions.
- I understand that the School reserve the right at any time to withdraw the Breakfast and After School Club service to those who don't follow its values.
  - Friendship
  - Perseverance
  - Truth and honesty
  - Forgiveness
  - Trust
  - Respect and self-esteem
  - Compassion



Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

\_\_\_\_\_ Dated: \_\_\_\_\_

This must be signed by a person/or persons with parental responsibility for the child.

Please use the following headings to tell us any additional information that you think will help us to meet your child's needs and help them settle well into the Breakfast / Late Care Club.

Food and Dietary requirements:

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Cultural, Ethnic and Religious Beliefs:

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Favourite Toys, Games and Activities

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Personal Mannerisms and Habits:

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Physical Difficulties:

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Other Clubs attended outside of  
School: \_\_\_\_\_

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Family and Friends who already attend the  
Club: \_\_\_\_\_

Anything else you want to tell us eg  
hobbies: \_\_\_\_\_

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PLEASE TICK DAYS REQUIRED FOR BREAKFAST

BREAKFAST CLUB

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

PLEASE TICK DAYS REQUIRED AS A TWI OR FULL

LATECARE CLUB

TWI

FULL

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

DAYS REQUIRED EITHER

TWILIGHT TILL 4.30PM

FULL TILL 6.00PM