



BREAKFAST CLUB AND AFTER SCHOOL CLUB REGISTRATION FORM

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|---------------------|----------------|
| Full name of child: | Date of Birth: |
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PARENT CONTACT DETAILS

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|---------------------|---------------------|
| Parent 1: (Name) | Parent 2: (Name) |
| Email: | Email: |
| Telephone number/s: | Telephone number/s: |

OTHER CONTACTS (WITH CONSENT TO PICK UP)

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|---------------------|---------------------|
| Name: | Name: |
| Telephone number/s: | Telephone number/s: |

If you send someone else to collect your child/children, they will need to be told the password for collection

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|-----------|
| Password: |
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MEDICAL INFORMATION/FIRST AID

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| Medical Conditions/Food Allergies |
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Medicine administration forms need to be completed and signed by parent/carers wishing to have any drug administered to their child/children during breakfast and/or after school club. This will be administered by qualified staff and forms obtained from the office

Completion of this form gives consent for staff to administer basic first aid and to give any written form or consent required by hospital authorities, including anaesthetic, if delay in getting my signature is considered by a medical practitioner in attendance to endanger my child's health and safety.

PAYMENTS

Payment should be made in advance by either cash or BACS. Queries should be addressed to office@eythorne-elvington.kent.sch.uk

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| Signature of parent: |
| Date: |