The Brookhurst Out of School Club

Ullswater Avenue, Leamington Spa, CV32 6NH.

| Registration Form | |
|---|--|
| | |
| Child's/Childrens name(s) | Date of Birth Age |
| 1) | |
| | |
| 2) | |
| | |
| 3) | |
| | |
| Home Telephone Number | E-mail address |
| | |
| | |
| Home Address | |
| | |
| | |
| Postcode | |
| rostcode | |
| | |
| | |
| Ethnicity | |
| Religion | |
| Gender | |
| | |
| Parent's/Guardian's Details | |
| Tarent sy saaranan s betans | |
| | |
| Mother/Guardian's full name | Father/Guardian's full name |
| | |
| | |
| Mother/Gurdian's address | Father/Guardian's address |
| | |
| | |
| | |
| | |
| Employer's name, address and tel ephone no. | Employer's name, address and telephone no. |
| | |
| | |
| | |
| | |
| Tel No. | Tel No. |
| | |
| Telephone number (home) | Telephone number (home) |
| | |
| | |
| Mobile Telephone number | Mobile Telephone number |
| , | |

| Who has parental responsibility for the child/child | ren (please tick) |
|---|--|
| Mathan | |
| Mother Father | |
| Other (please specify) | |
| Other (please specify) | |
| | |
| Emergency Contact Information | |
| 1. Name | 2. Name |
| | |
| | |
| Address | Address |
| | |
| | |
| Telephone number | Telephone number |
| | · |
| | |
| Medical Information | |
| Doctor's name | Address |
| | |
| | |
| Tel. number | |
| | |
| Medical Information/disability/special dietary requ | uirements |
| | |
| | |
| | ours need to have written parental consent in order for staff to |
| administer them. Please ask for a separate form.) | |
| In the event of an emergency I give permission for | or my child(ren) to be taken to hospital either by a member of |
| staff or a member of the emergency services. | Please tick Yes No |
| | 163 |
| Date of last tetanus injection | ••• |
| Collection | |
| Who will collect your child? | |
| Name | Telephone number |
| | |
| Addison | |
| Address | |
| | |
| | |
| Any additional information we need to know? | |

As there will be some activities outside the school grounds (e.g visits to local parks, picnic lunches ets) please would you indicate whether you agree to your child(ren) taking part. Please tick

Yes

No

Attendance

| Time/Charge Bands | Mon | Tues | Wed | Thurs | Fri |
|-------------------|-----|------|-----|-------|-----|
| 7.50-8.50am | | | | | |
| 8.30-8.50am | | | | | |
| 3.30-4.30pm | | | | | |
| 3.30-5.00pm | | | | | |
| 3.30-5.30pm | | | | | |
| 3.30-6.00pm | | | | | |

We suggest that you read our policies and procedures which are available in Club. Some of our policies are also available on the website, these include, Child Protection, Behaviour, Admissions and Health and Safety policies.

I confirm that I have read and agreed to the terms and conditions of the Brookhurst Out of School Club, as outlined in the information booklet.

| Signed | Parent/Guardian |
|--------|-----------------|
| | |

I confirm that I have paid (via parentpay for all existing Brookhurst pupils)/enclose the registration fee (for all non Brookhurst pupils) of £5.00. Please tick. Yes No

I do/do not give permission for photos of my child(ren) to be displayed inside the Out of School Club.

I do/do not give permission for photos of my child(ren) to be displayed on the Out of School Club website.