

Norman Street School Primary School

Breakfast & After School Club Registration Form



Dear Parent/Guardian

Please complete the information on all sections of this form to enable us to add information to your child's records. It is also requested that when any information changes we are informed as early as possible.

- 1 SURNAME:
- 2 FORENAME/S: 3 PREFERRED NAME:
- 4 DATE OF BIRTH:
- 4a ETHNIC ORIGIN (*eg British, Chinese, Indian*)
- 5 NAME OF PARENT OR GUARDIAN
(the first name should be the name of the person to whom any correspondence should be addressed)
1. RELATIONSHIP:
2. RELATIONSHIP:
- 6 HOME ADDRESS:
- TEL:

E MAIL ADDRESS:

If separated or divorced, you must also give us the name and contact address of your child's Father / Mother

- NAME: RELATIONSHIP:
- ADDRESS: TEL:
- 7 NAME OF EMERGENCY CONTACTS AND RELATIONSHIP
1. NAME: RELATIONSHIP:
- ADDRESS: TEL:
2. NAME: RELATIONSHIP:
- ADDRESS: TEL:
3. NAME: RELATIONSHIP:
- ADDRESS: TEL:

8. NAME & ADDRESS OF DOCTOR:
..... TEL:

PHYSICAL/MEDICAL CONDITIONS - Please give details if there are problems eg. glasses for reading, hearing loss etc.

- Medical conditions requiring regular treatment.
 - Please indicate medication

- Allergies (Please include food allergies).
 - Please indicate if your child is vegetarian YES / NO

- Asthmatics (Please indicate if your child uses a reliever/preventer etc)

- Eyesight

- Hearing

ADDITIONAL INFORMATION

1. Is your child on the Special Needs Register? Yes/No
2. Does your child have a Statement of Special Educational Need - if so when did it start?
3. Are any outside agencies involved with your child?

I confirm that the above information is accurate to the best of my knowledge

Parental signature: Date:
By signing this letter, you agree for your information to be held on file for the purpose of administering our Clubs.

MEDICAL PERMISSION

CHILD'S NAME: (PRINT)

In the event of an emergency where no contact can be made with any of my emergency contact numbers I give permission for a member of staff at the school to take my child for treatment to the hospital until such time as I can be contacted.

Signed: Parent / Guardian Date: