



South Lake Extended Day Provision  
Registration Form

Tel: 07717 729887

Child's Surname ..... Forename(s) .....

Date of birth ..... Age .....

Home Address:

Post code:

Home phone no..... Mobile phone no.....

Mother/Carer's name .....

Address (if different from above

Employer ..... Work phone no .....

Father/Carer's name .....

Address (if different from above)

Employer ..... Work phone no .....

In case of emergency who should we contact:

1<sup>st</sup> Emergency contact name ..... Tel No .....

2<sup>nd</sup> Emergency contact name ..... Tel No .....

Child's GP ..... Tel No .....

Does your child have any medical conditions of which we should be aware ie asthma, epilepsy, diabetes, known allergies?

Does your child have any special needs?

Does your child have any specific dietary needs or food intolerance of which we would be aware?

I give permission for my child to use a prescribed inhaler whilst attending the After School Club  
Give details:

Signed ..... Parent/Carer

I give permission for my child to receive medical treatment in the event of an emergency.

Signed .....Parent/Carer

Do you observe any cultural or religious procedures that you consider we ought to be aware of?

If so, please give details

Is there any other information you would like to add, ie your child's likes, dislikes, activities he/she enjoys, or any specific concerns/requirements you may have?

I am happy for my child to: watch TV and or U rated Videos    Yes [ ]    No [ ]

I am happy for my child to use the computers            Yes [ ]    No [ ]

I give permission for South Lake After School Club staff to take digital photos of my child enjoying their time at club. These photos may be used in keyworker books, displays, our Learning Platform or just for sharing with you.

Signed..... Parent/Carer

Name(s) of person(s) with permission to collect your child

I understand that fees for South Lake After School Club are payable in advance.

I understand that South Lake After School Club cannot accept responsibility for my child's possessions or valuables whilst they are attending the club.

**Signed** .....

**Print Name** ..... **Date** .....

Please return this form to the school office.