

Upshire Primary Foundation School Afterschool Club and Breakfast Club Registration Form

Child's Details

First Name:	Surname:	What they like to be called:
Date of Birth:	First language:	Year group:

Parent/Guardian Details

Title:	First name:	Surname:	Title:	First name:	Surname:
Home Address:			Home Address (if different)		
Does this child normally live at this address? Yes/No			Does this child normally live at this address? Yes/No		
Work Address:			Work Address:		
Home Number:	Mobile Number:	Work Number:	Home Number:	Mobile Number:	Work Number:
Email Address:			Email Address:		
Does this person have parental responsibility? Yes/No			Does this person have parental responsibility? Yes/No		
Does anyone else have parental responsibility? Yes/No			(If yes, please provide details on a separate sheet)		

Emergency Contact Details (Please provide details of two people we can contact if we are unable to get hold of you)

Name:	Telephone Number:	Mobile Number:
Address:		Relationship to the child:
Name:	Telephone Number:	Mobile Number:
Address:		Relationship to the child:

Childs Doctor

Name of Doctor:	
Address:	Telephone:

About your child

Please detail any medical conditions or disabilities (are there any medicines that your child/ren take regularly eg for asthma or life-threatening conditions, such as an allergic reaction requiring an Epi-pen?):
Please detail any dietary requirements/food allergies for your child (please provide full details)
Please detail any additional/special needs your child has (please provide full details):
Is there anything you would like us to be aware of about your child?

Security Password for collecting your child _____

Days you wish your child to attend breakfast club (please circle/highlight):

Monday	Tuesday	Wednesday	Thursday	Friday
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Days you wish your child to attend afterschool club (please circle/highlight):

Monday	Tuesday	Wednesday	Thursday	Friday
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All the above relate to Main Privacy Notice

Parental Agreement – please delete as appropriate

Where practicable, I agree to give at least 24 hours' notice for any changes regarding my child's place at breakfast or afterschool club.

I give permission for the breakfast or afterschool club staff to administer medication. Please note that to have medicines administered it must be under exceptional circumstances and prescribed by the child's doctor, parents are required to complete a form which is obtainable from the School Office. You will be informed if medication is administered). YES/NO Main Privacy Notice

I agree to photographs being taken to be used within breakfast or afterschool club, the school website and school publicity. YES/NO Main Privacy Notice

I give permission for my child to use the internet whilst attending either breakfast or afterschool club. YES/NO

I agree to pay fees in advance via Parentmail. YES/NO

I give permission for you to contact me via Parentmail by text and email. YES/NO

I give permission for you to send me information via Parentmail about news and events that are relevant to Upshire School. YES/NO

I give permission for you to send me information via Parentmail about news and events in the local community. YES/NO

Signature of Parent/Carer:

Date:

The Data Protection Act 1998: The school is registered under the Data Protection Act for holding personal data. The school has a duty to protect this information and keep it up to date. All data collected in this document is processed in line with our Main Privacy Notice. CA copy of which are available via the school website. The school is required to share some of the data with the local authority and with DfE.

Completed form must be returned to either the school office or emailed to lmcpheat@upshire.essex.sch.uk