

## Schools Out at St Teresa's Primary School

# Registration Form

Once this form is completed and handed in please inform us of any changes immediately



CHILD 1
Full name:
DOB:
Who has parental responsibility for this child?

CHILD 2
Full name:
DOB:
Who has parental responsibility for this child?

### CONTACT DETAILS:

Home address:	
	Post code:
Home telephone:	
Parent or guardian's addresses (including addresses & contact numbers of parents not living with child)	

MOTHER'S CONTACT DETAILS:	FATHER'S CONTACT DETAILS:
Mobile No:	Mobile No:
Work No:	Work No:
Email: (BLOCK CAPITALS)	Email: (BLOCK CAPITALS)
Place of work:	Place of work:
Signature	Signature

Child's Doctor:	Surgery Number:
Please provide details allergies, medical conditions or any special dietary needs:	

### COLLECTIONS:

Please give the names of at least <b>two</b> other adults that are given permission to collect from school club and contact numbers:	
Name:	Mobile:
Name:	Mobile:
Name:	Mobile:
Name:	Mobile:

Please indicate the sessions you wish your child to attend:	
BREAKFAST CLUB	AFTER SCHOOL CLUB
Monday	Monday
Tuesday	Tuesday
Wednesday	Wednesday
Thursday	Thursday
Friday	Friday

Please read the following **carefully** and **✓ tick** which you agree with then sign and print where indicated.

- |  |  |
|--|--|
| <input type="checkbox"/> I have read and understood the Schools Out <b>Prospectus and Summary of Policies</b> .  | <input type="checkbox"/> I give permission for my child(s) to be included on <b>trips and local outings</b> to (for example the park or ice cream parlour) organised by Schools Out in term time and holiday club. Other organised trips, requiring transport and separate consent, will be requested. |
| <input type="checkbox"/> I agree that Schools Out reserve the right to remove my child to the nearest hospital or seek advice from outside agencies, in the event of an accident, sudden illness or deterioration in a child's well being. Parents or guardians will always be informed as soon as possible. | <input type="checkbox"/> I give permission for my child(s) to watch <b>U or PG</b> rated films whilst in your care. I understand this will happen rarely and that all films are vetted by staff beforehand.  |
| <input type="checkbox"/> I agree to give permission for <b>photographs</b> to be used within the school and for record of achievements etc. These photos may feature in newsletters or local newspapers/magazines and Facebook.  |  |

Signed: .....

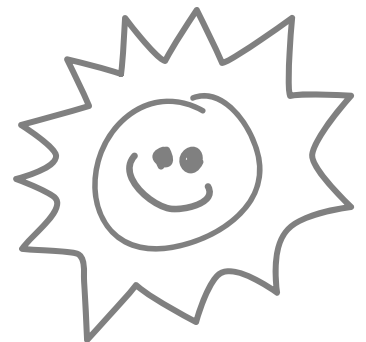
Print Name: .....

We would like to protect your child from sunburn & skin damage.

We provide 'legionnaire' style hats and baseball caps, we also encourage the children to play in the shade between 11am and 3pm. With your consent we can help your child when necessary.

**Please tick as appropriate:**

- |                          |  |
|--------------------------|--|
| <input type="checkbox"/> | I give permission to Schools Out staff to apply sunscreen  |
| <input type="checkbox"/> | I would like to provide a bottle of sunscreen (which I will label with my child's name) for use at club. |



Signed: .....

Print Name: .....

## GDPR statement

We collect this data for the purpose of registering your child at our setting we collect this data to meet the legal requirements of the Early Years Foundation Stage. It will be shared with the Child's Key Person and relevant staff within the setting and if necessary those listed in the Privacy Statement. This registration form will be kept securely in a locked filing cabinet at the setting and will be kept for 3 years after your child leaves or until our next Ofsted inspection.

**Please note** if you would like to exercise any of your data rights as listed in the Privacy statement please contact us. If you continue to have concerns about the way your data is handled, you have the right to contact the Information Commissioners Office (ICO) – Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF or ico.org.uk/