



## Quackers at Kingsclere C of E Primary School Breakfast, After School and Holiday Club Registration Form

|               |  |                 |  |
|---------------|--|-----------------|--|
| Child's Name  |  | Preferred Name  |  |
| Date of Birth |  | <b>Password</b> |  |
| Home Address  |  |                 |  |
| Postcode      |  | Home Phone No.  |  |

|                                 |  |            |  |
|---------------------------------|--|------------|--|
| Mother's/Guardian/Parent 1 Name |  | Employer   |  |
| Work Phone No.                  |  | Mobile No. |  |
| Email Address                   |  |            |  |

|                                 |  |            |  |
|---------------------------------|--|------------|--|
| Father's/Guardian/Parent 2 Name |  | Employer   |  |
| Work Phone No.                  |  | Mobile No. |  |
| Email Address                   |  |            |  |

|                                 |  |
|---------------------------------|--|
| Child lives with                |  |
| Who has legal contact           |  |
| Who has parental responsibility |  |

### **EMERGENCY CONTACTS if parents parent/guardian cannot be reached**

| Name | Relationship | Number | Number |
|------|--------------|--------|--------|
|      |              |        |        |



|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

**Persons authorized to collect my child should either parent/guardian be unavailable**

| Name | Relationship | Number | Number |
|------|--------------|--------|--------|
|      |              |        |        |
|      |              |        |        |

|                          |  |                          |  |
|--------------------------|--|--------------------------|--|
| Child's Religion         |  | Ethnic Origin            |  |
| Practiced                |  |                          |  |
| 1 <sup>st</sup> Language |  | 2 <sup>nd</sup> Language |  |

|                      |  |
|----------------------|--|
| Allergies            |  |
| Dietary Requirements |  |
| Medical Notes        |  |

## Permissions

| Photos of your child are only taken with after school equipment and only saved onto the nursery computers. | Yes | No |
|--|-----|----|
| Photos of my child may be used for displays around the club.   |     |    |
| Photos of my child alongside other can be reproduced for other parents.                                    |     |    |
| Photos of my child can be used for the occasional newspaper release.                                       |     |    |
| Photos of my child can be used on the Out of School Club website.  |     |    |



|   |  |  |
|---|--|--|
| Staff to administer and seek emergency medical advice or treatment. |  |  |
| Staff to use faces paints on my child.                              |  |  |

**Once completed please hand this form into the school office or scan and send to;**

[INFO@QUACKERSOUTOFSCHOOLCLUBS.CO.UK](mailto:INFO@QUACKERSOUTOFSCHOOLCLUBS.CO.UK)

I understand it is my responsibility to keep my registration information up to date.

Signed: \_\_\_\_\_ Name \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_