Ravensdale Infant & Nursery School

Be Ambitious, Spark Imagination, Celebrate Success

Registration form for Ravensdale Infant and Nursery School Breakfast Club

Please complete the following form if you are interested in enrolling your child in Ravensdale Infant and Nursery School Breakfast Club.

Child's personal details	
Name:	
Date of birth:	
Home address:	
Details of any SEND:	`
Parental details **Please note, this refers to a person with parental responsibility.**	
Name:	
Relationship to child:	
Address:	
Contact details:	
Second parent	
Name:	
Relationship to child:	
Address:	
Contact details:	

Emergency contact details – please provide at least 2 contacts	
Name	**Contact details**

Medical information	
Name of doctors' surgery:	
Address:	
Phone number:	
Does your child have any known medical conditions? Please specify.	
Please provide details of any medication that your child takes:	
Will the club staff need to administer any medication?	
Do you consent for the club staff to administer this medication? (GP prescribed only)	
Please provide any other relevant information:	
Dietary needs	
Does your child have any allergies?	
Does your child have any specific dietary needs, e.g. vegetarian?	
Does your child have any dietary intolerances, e.g. lactose intolerant?	

Emergency arrangements

The school's clubs will not accept any children who are unwell. Parents are expected to inform the school if their child is unwell – please contact the **school office** on **01332 513862**. If a child becomes unwell during the club, the school will contact the listed emergency contacts as soon as possible.

The school will ensure that staff have had the necessary training to handle any emergencies. While the school will always make every effort to contact you, sometimes you may not be contactable – please complete the below permission slip, consenting for the school to act in your absence.

I _____ (name of parent) consent for:

- The Breakfast Club staff to administer basic first aid.
- Ravensdale Infant and Nursery School to sign written forms of consent that are required by hospital authorities, if there is a delay in my response and medical professionals consider my child's life is in danger.

Signature: _____

Date: _____

Permissions

I _____ (name of parent) give my permission for:

- The school club to take photos of my child to be used on displays in school only
- The club staff to administer prescription only medication

If you do not agree with any of the above statements, please indicate this below and include your reasoning:

_____

_____

_____

Signature: _____

Date: _____

The school will provide you with letters explaining the conditions of the above statements, where applicable.