

St Joseph's Catholic Primary School Childcare Provision Registration Form

In order to secure a place on the St Joseph's Club, all sections on this form must be completed.

Personal Information on Your Child

Surname:		Forename/s:	
Preferred Surname:		Preferred Forename/s:	
Middle Name/s:			
Gender:		Date of Birth:	
Home Address: (Inc. Postcode)			
Home Tel No:			

Medical Information

GP Name:		GP Tel No:		
GP Address:				
Does your child have any of the following health related issues:	Asthma	YES / NO	Eczema	YES / NO
	Fainting/Blackouts	YES / NO	Epilepsy	YES / NO
	Diabetes	YES / NO	Hearing Difficulties	YES / NO
	Speech Difficulties	YES / NO	Food Allergy	YES / NO (if so please detail below)
	Wear Glasses	YES / NO	Regular Hospital Treatment	YES / NO (if so please detail below)
Is medication required during the club?	YES / NO (If so we will require you to complete a medication form providing detailed information for our medical records. Please contact the school office).			

Medical Information:

Dietary Needs:
(please specify e.g. vegetarian, no dairy, no nuts etc)

Travel Arrangements

Walk..... Car..... Bus..... Taxi.....

Children are not permitted to walk home on their own. They must be collected by an adult.

Photograph Consent

Your child may have their photograph taken during their time in club. Photographs may be published on the school website, , <http://www.stanley-pri.durham.sch.uk/>

I do consent for my child to be photographed

I do not consent for my child to be photographed

Emergency Contact Details

Please list in priority order ALL persons who have parental responsibility and anyone else you wish to be contacted in the case of an emergency. (Please continue on a separate page if necessary).

Priority No:					
Title:		Forename:		Surname:	
Relationship to Pupil:		Do you have Parental Responsibility for the Pupil?:		YES / NO	
Home Address (Inc. Postcode):	Does the pupil live at this address?: YES / NO				
Home Tel:		Mobile Tel:		Work Tel:	
Email Address:	Can we contact you via email?: YES / NO				

Priority No:					
Title:		Forename:		Surname:	
Relationship to Pupil:		Do you have Parental Responsibility for the Pupil?:		YES / NO	
Home Address (Inc. Postcode):	Does the pupil live at this address?: YES / NO				
Home Tel:		Mobile Tel:		Work Tel:	
Email Address:	Can we contact you via email?: YES / NO				

Priority No:					
Title:		Forename:		Surname:	
Relationship to Pupil:		Do you have Parental Responsibility for the Pupil?:		YES / NO	
Home Address (Inc. Postcode):	Does the pupil live at this address?: YES / NO				
Home Tel:		Mobile Tel:		Work Tel:	
Email Address:	Can we contact you via email?: YES / NO				

Loco Parentis

Please sign here if you wish to give the Club Manager/Play Leaders permission to act in loco parentis, if you cannot be contacted. They can then invoke that authority to take action to gain appropriate medical treatment for your child.

Signature of Parent/Guardian Date

Is there anything else that you would like to share with us that you consider would be helpful:

I confirm that the information is, to the best of my knowledge correct.

Print Name: _____ **Signed:** _____ **Date** _____