



# CROFTLANDS JUNIOR SCHOOL

Website: [www.croftlands-jun.cumbria.sch.uk](http://www.croftlands-jun.cumbria.sch.uk)

## Registration form for Breakfast & After School club

Parents must complete the following form if they wish to enrol their child in the school's Breakfast or After School clubs.

Registration form	
Child's personal details	
Child's name	
Date of birth:	
Home address:	
Parent/carer details Please note, this refers to a person with parental responsibility.	
Name:	
Relationship to child:	
Address:	
Contact details:	
Details of any court orders:	

Second parent/carer	
Please note, this refers to a person with parental responsibility.	
Name:	
Relationship to child:	
Address:	
Contact details:	
Details of any court orders:	
Details of other individuals who have responsibility for collecting children from the school Please note, proof of identification will be required upon collection.	
Name:	
Relationship to child:	
Contact details:	
Password for collection:	
Second individual	
Name:	
Relationship to child:	
Contact details:	
Password for collection:	
Emergency contact details	
Name	Contact details

## 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 **office** on **01229 585211**. 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 permission slip below, consenting for the school to act in your absence.

I \_\_\_\_\_ (name of parent) consent for:

- **Breakfast or After School Club staff** to administer basic first aid.
- **Croftlands Junior 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 club leader to apply sun cream to my child in hot weather.
- The school club to take photos of my child - please refer to our school Photograph & Video policy.
- In accordance with the Images and Videos Parental Consent Form, the school to use photos of my child for publicity purposes and internal use.
- The club leader to administer non-prescription medication - please read the Parental Extended Services Agreement explaining the conditions of this.

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

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Signature: \_\_\_\_\_

Date: \_\_\_\_\_