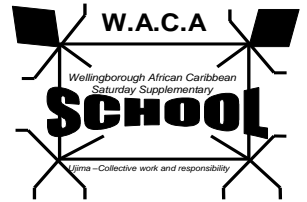


Wellingborough African-Caribbean Saturday Supplementary School



Registration Form



Name of Child

Date of birth

Address

.....

Postcode

Telephone number

Name of parent

Address of Parent (if different to above)

.....

.....

Telephone number (landline).....

(Mobile)

E:mail address

School attended by child

Is there any food or drink your child is not allowed (if yes please specify)

.....

Does your child have any allergies (if yes please specify)

.....

Doctors name

Doctors telephone number

Name and telephone number of someone who could be contacted in an emergency

.....

Consent Form

In the event of a medical emergency involving my child whilst in the care of WACA Saturday supplementary school, or in the case of a serious accident requiring immediate medical attention, I understand that I will be contacted as soon as possible. Where this is not possible, or where time is of the essence, I give my consent and authority for the staff to seek medical attention, advice or treatment for my child as appropriate

I consent to my child being taken on organised, supervised outings either on foot by public or private transport. *Yes/No

I consent to my child being included in photographs and videos used to record activities and special occasions. *Yes/No

I consent to my child being given products that may contain traces of nuts.
*Yes/No

Relationship to Child

(The person signing this form must have parental responsibility for the child)

Signed:

Name in Capitals:

Date:

Full Name of Child: