



Shirley Community Nursery & Primary School BREAKFAST CLUB REGISTRATION FORM 01223 712252

The General Data Protection Regulation and the Data Protection Act protect this strictly confidential information, stored on the school's student records database. This information will be used to inform the child's medical and emergency contact records. The information may be shared with other agencies, as indicated in our Privacy Notices, available from the school website www.shirley.cambs.sch.uk.

Childs first name:	Child's middle name(s) :	
Child's legal Surname :		
Child's preferred name (if different from above) :		
Childs date of birth:	Child's gender :	
Current Home Address :		
Postcode :	First Language :	Email Address :

Contact Information

Please list all adults who have legal responsibility of your child :

Please list those people who will collect your child and/or should be contacted in an emergency **AND THE ORDER IN WHICH WE WOULD CONTACT THEM**

	Name	Relationship to child	Contact Numbers
1 st Person with parental responsibility			
2 nd Person with parental responsibility			

- I consent for my child to attend this club; I understand that the club has policies and procedures and that there are expectations and obligations relating to both the club and myself and agree to abide by them.
- I understand that persistent late or non-payment of fees will jeopardize my child's continued place.
- I confirm that the information given on all forms is correct and agree to notify the club staff of any changes in detail.
- My child has the following medical conditions (including allergies) and/or dietary requirements the school should be aware of :

- I give permission for a member of staff to encourage my child to apply sun cream and assist where required.
- I give permission for the club to seek any necessary emergency medical advice or treatment in the future.

Signature of Parent/Carer Date