

BISHOP ALDHELM'S CE VA PRIMARY SCHOOL



LOOKOUT CLUB REGISTRATION FORM

Please circle for attendance at any of the following clubs:

Earlybird Club

Owls After School Club

All the children who attend the club must be registered.

Please complete one form per child

CHILD'S FULL NAME

CHILD'S DATE OF BIRTH

HOME ADDRESS

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TEL NO

PARENT/CARER'S NAME

DAYTIME TELEPHONE NO

EMERGENCY CONTACT TEL NO

(if parent/carer is unavailable)

CHILD'S DOCTOR TEL NO

ADDITIONAL INFORMATION i.e. SPECIAL DIETS, ALLERGIES, CONDITIONS, HEALTH PROBLEMS OR ANYTHING ELSE THE CLUB LEADERS SHOULD KNOW ABOUT YOUR CHILD

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I DO/ DO NOT* CONSENT TO MY CHILD RECEIVING MEDICAL ADVICE AND TREATMENT IN THE EVENT OF AN EMERGENCY. *(Please delete as applicable)

I understand that The Lookout Club cannot accept responsibility for the children's possessions or valuables whilst they are attending the club.

I will complete a new Registration Form if any of the above details change.

I HAVE READ, UNDERSTOOD AND AGREE TO ADHERE TO THE REQUIREMENTS OF THE SCHOOL'S SAFEGUARDING POLICY

Parent/Carers Name (Block Capitals)

Signature Date