

Thomas A Becket Childcare Club - Tel: 07833 632264

BREAKFAST CLUB BOOKING FORM. Ofsted reg:283996

PLEASE COMPLETE THIS FORM IN BLOCK CAPITALS.

Childs name:

Date of Birth:

Class:

Name of parent / Guardian:

Address:

Phone number Day:

During Club Time:

Attendance:

Please tick the days you would like your child to attend:

My child attends	TAB 1 st school	TAB middle school
MONDAY:	<input type="checkbox"/>	<input type="checkbox"/>
TUESDAY:	<input type="checkbox"/>	<input type="checkbox"/>
WEDNESDAY:	<input type="checkbox"/>	<input type="checkbox"/>
THURSDAY:	<input type="checkbox"/>	<input type="checkbox"/>
FRIDAY:	<input type="checkbox"/>	<input type="checkbox"/>

DIETARY REQUIREMENTS.

Does your child have any dietary requirements? Yes / No

If yes please state:

ANY OTHER RELEVANT INFORMATION

STARTING DATE.

What date would you like your child to start?

PTO

CONSENT REQUESTS - PLEASE READ THE FOLLOWING AND MARK AS APPROPRIATE.

TRANSPORT:

Applicable only to children who attend TAB Middle School. - Children will be taken to school on foot. A member/s of staff will be accompanying the children at all times.

I do / do not * agree to my child being walked to school by The Childcare Club and taken, as described above to their school. (**Please delete where applicable*).

MEDICAL TREATMENT.

I give consent for my child undergoing any emergency medical treatment necessary during the running of the club

I do / do not * authorise the staff to sign any written form of consent required by the hospital authorities if the delay in getting my signature is considered by the doctor to endanger my child's health and safety.

Our policy is not to give medication to children prescribed by G.P's unless it is for a life threatening illness, eg - asthma, extreme allergies, heart conditions etc.

Any illnesses, allergies, medical conditions, special needs etc must be detailed on the separate registration form.

Should my child need to take medication for a **life threatening condition**- I authorise / do not authorise* the staff to administer this medication as prescribed and on my written instruction only.

Signed:-

Print:

PHOTOGRAPHY.

On occasions photos may be taken for our internal newsletter / display boards / leaflets / web page * I give my consent to my child being photographed for the above purposes. (**Please delete where applicable*).

FACE PAINTING.

Face painting is occasionally done as an activity at the club.

I do / do not* agree to my child taking part in face painting. (* please delete as appropriate)

I have read the above consent requests and have marked them as appropriate.
I have agreed to the terms and conditions as detailed in the 'How to use your club guide.'

Signed-

Date:-