|  |  |
| --- | --- |
|  | **Mount Primary School****The Lighthouse Club Registration Form****Academic Year Sept 23 to Aug 24** |

|  |  |
| --- | --- |
| Name of child |  |
| Home address |  |
| Date of birth |  |
| Name of Parent(s) / Carer(s)  |  |
| Contact telephone number(s) |  |
| Email address |  |
| Person collecting the child from Club (if different from above) | Name:Address:Contact number(s): |
| **Children will only be allowed to leave with a named person – Please ensure that you keep this information up to date** |
| Second contact who may be able to collect child in an emergency  | Name:Address:Contact number(s): |
|  |  |
|  |  |
| Details of your child’s doctor | Name:Address:Contact number(s): |
| Please list any medical problems, special educational needs or allergies your child may have |  |
| Please record language spoken at home if English is an additional language |  |
| Please record any other information you wish the staff to know about your child |  |
|  |  |
| Please tick the days and Club for which you wish to register your child |
| **Breakfast** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Mon | Tue | Wed | Thu | Fri |
|  |  |  |  |  |

 |
| **After School** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Mon | Tue | Wed | Thu | Fri |
|  |  |  |  |  |

 |
| **Start Date** **(Please tick or state)** |

|  |  |
| --- | --- |
| Wednesday 6th Sept 2023 | Specific Date |
|  |  |

 |
| I consent to any medical / emergency treatment necessary for my child during the running of The Lighthouse Club. I authorise the Club Manager and/or Senior Play Worker to sign any written form of consent required by hospital/authorities if the delay in obtaining my signature is deemed by a doctor to endanger my child’s health and safety. YES / NOI agree to pay school in accordance with requested days shown above and the information detailed within The Lighthouse Club Policy. I understand that I am responsible for all payments during the academic year and that failure to pay may result in school seeking payment via a debt collection agent.  |
| Signed: |  |
| Print: |  |
| Date: |  |

|  |  |
| --- | --- |
|  | **Mount Primary School****The Lighthouse Club** **Additional Permissions Form****Academic Year Sept 23 to Aug 24** |

|  |  |
| --- | --- |
| Name of Child |  |
| Date of Birth |  |
|  |  |
|  Please tick  |
| **I give permission for The Lighthouse Club to take pictures of my child.** |

|  |  |
| --- | --- |
| Yes | No |
|  |  |

 |
| **I give permission for photograph’s of my child to be used by The Lighthouse Club on the school website.** |

|  |  |
| --- | --- |
| Yes | No |
|  |  |

 |
| **I give permission for photograph’s of my child to be used by The Lighthouse Club on internal displays.** |

|  |  |
| --- | --- |
| Yes | No |
|  |  |

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| **I give permission for my child to watch films during Lighthouse Club that are rated PG.** |

|  |  |
| --- | --- |
| Yes | No |
|  |  |

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| **I understand that data collected is used for the purposes of The Lighthouse Club as set out in this policy document and on the School’s Privacy Notice sent to parents/carers.** | Please tick to accept

|  |
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| Signed: |  |
| Print: |  |
| Date: |  |