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|  | **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 / NO  I 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: |  | | |

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|  | **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 | |  |  | |
| **I give permission for my child to watch films during Lighthouse Club that are rated PG.** | | | |  |  | | --- | --- | | Yes | No | |  |  | |
| **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   |  | | --- | |  | |
| Signed: |  | | |
| Print: |  | | |
| Date: |  | | |