

THE TREE HOUSE AFTER SCHOOL PROVISION

Wrestlingworth Infant School



Registration Form

Unique reference number (URN):

Child's full name:

Date of birth:

Parent/Carer name:

Parent/Carer address:

Mobile No:

Home No:

Work No:

Email Address:

Emergency Contact 1

Emergency Contact 2

Doctor's name & contact details:

Any other information we should be aware of:

Parent/Carer Signature:

Date:

**Please return completed registration forms (one per child) with your booking form to:
The School Office, Wrestlingworth Infant School**

After School provision at Wrestlingworth Infant School

CONSENT FORM

Name of Child:

Date:

I consent to first aid being administered by a qualified first aider or appropriate adult to my child whilst in the care of after school provision.

Signature:

(Parent/Carer)

I consent to staff seeking any necessary emergency medical advice or treatment for my child whilst in the care of after school provision.

Signature:

(Parent/Carer)

I consent for plasters to be applied to my child if necessary whilst in the care of after school provision.

Signature:

(Parent/Carer)

Any sun lotion that I supply for my child whilst in the care of after school provision will be clearly named.

Signature:

(Parent/Carer)

I consent to my child having their photograph taken whilst in the care of after school provision which may be used for displays about the setting.

Signature:

(Parent/Carer)

I agree that photos or videos of my child taken whilst in after school provision may be put on Facebook to promote the school.

Signature:

(Parent/Carer)

After school provision at Wrestlingworth Infant School
EMERGENCY CONTACT DETAILS

Child's Full Name:

Please list the people who you would like to be contacted in an emergency (add parents/carers details first). They will be contacted in the order you have indicated below and we will continue down the list until contact has been made.

Name:	Relationship to Child:	Contact Telephone No.	Mobile No.

STAFF ARE ONLY ABLE TO RELEASE YOUR CHILD TO ONE OF THE PEOPLE DETAILED ABOVE

Are there any restrictions/court orders currently in place to prevent the collection of your child by anybody? YES / NO

If yes, please detail below:

My CONFIDENTIAL password for emergency collection is:

Name:
(Parent/Carer)

Signature:

Date: