

JULES ET LIS - OUT OF SCHOOL CLUBS

Tel: Nicola - 07946 642 915 email: littlethurrock.julesetlis@gmail.com

PLEASE SEND COMPLETED FORMS VIA EMAIL OR HAND DELIVER DIRECT TO THE CLUB

Registration Form – Little Thurrock Primary School

PLEASE COMPLETE IN BLOCK CAPITALS.

1. CHILD'S DETAILS First Name (s) <input type="text"/> Preferred Name: <input type="text"/> Surname <input type="text"/> Address <input type="text"/> Postcode <input type="text"/> Date of Birth <input type="text"/> School Attended: <input type="text"/> Year: <input type="text"/> Class No: <input type="text"/> 2. PARENT/CARER DETAILS Please state names and contact details of who has parental responsibility and/or legal contact for your child (please specify): Name: <input type="text"/> Relationship: <input type="text"/> Home Address: <input type="text"/> Home contact number: <input type="text"/> Mobile contact number: <input type="text"/> Work Address: <input type="text"/> Contact No: <input type="text"/>	PARENT/ CARER DETAILS CONT. Name: <input type="text"/> Relationship: <input type="text"/> Home Address: <input type="text"/> Home contact number: <input type="text"/> Mobile contact number: <input type="text"/> Work Address: <input type="text"/> Work contact number: <input type="text"/> 3. EMERGENCY CONTACT DETAILS:-Please state all other persons whom are permitted to collect your child below: Name: Relationship: Home Contact number: <input type="text"/> Mobile contact number: <input type="text"/> Name: Relationship: Home contact number: <input type="text"/> Mobile contact number: <input type="text"/> Name: Relationship: Home telephone number: <input type="text"/> Mobile contact number: <input type="text"/> 4. DOCTOR'S DETAILS Name: Address: Contact Number: <input type="text"/>
--	---

5. Does your child have any known medical problems? (Please list below)

6. Does your child have any specific needs – dietary/ known allergies/ other?

7. On which days would you like your child to attend the club (please tick?)

	Monday	Tuesday	Wednesday	Thursday	Friday
After School 3.15pm- 6.15pm					

8. When would you like your child to start the club?

9. Please tell us your child’s first language, religion & culture?

First Language:	Religion:	Culture:
-----------------	-----------	----------

10. Please provide any other information that will help us support your child whilst in our care?

11. To help us see how well our equal opportunities policies are working it would be helpful if you would say to which ethnic group your child belongs (optional). Please tick/ circle.

- | | | |
|-----------------|-------------|----------------------------|
| White | Indian | Black Other |
| Black African | Pakistani | Chinese |
| Black Caribbean | Bangladeshi | Other (please state) |

12. I give written permission to allow for my child to have: (delete as appropriate):

- Emergency medical advice or treatment if necessary. I have read the parents Handbook and I am happy with the procedure that would be followed.
- Photographs taken for promotional purposes inc. social media sites, club displays and portfolios.
- Sun cream applied by a member of staff if necessary.
- Face paints applied.

13. Security Password:

14. I am happy to receive invoices and other club information via email. My email address is:

I AGREE TO ABIDE BY ALL OF THE TERMS & CONDITIONS and POLICIES & PROCEDURES LAID OUT BY JULES ET LIS.

Print Name:

Signed: Date: