

GHYLLSIDE OUT OF SCHOOL CLUB / GHYLLSIDE HOLIDAY CLUB

PERSONAL INFORMATION FORM 2017/18

Name of Child in full

Name used

Age Date of Birth

Name of Class Teacher

With whom does the child normally live?.....

Who has parental responsibility for the child?.....

Name of Parent/Carer

Relationship to Child

Address

.....

Tel No: Day/Work Home

Email address:

Name of Parent/Carer

Relationship to Child

Address

.....

Tel No: Day/Work Home

Emergency Contact Address/Work Place of Parent/Carer

.....

Tel no

Email address:.....

(1) Emergency Contact if Parent/Carer is unavailable

Address

Tel No

(2) Emergency Contact if Parent/Carer is unavailable

Address

Tel No

Name of Person who will collect your child from the Club - please note we will not allow your child to be collected by anyone other than those listed below unless you have contacted the Playleader to make arrangements.

1. 2.

3. 4.

Does your child have special educational needs? YES/NO

If yes, have you discussed these with Mrs Williamson? YES/NO

Does your child have a statement of special educational needs? YES/NO

I/We confirm that I/we accept the terms and conditions of membership of Ghyllside Out of School Club as detailed in the Club's policies and procedures, accept responsibility for all charges and have authority to nominate who may collect the child from the Club.

Signed

Relationship to child

Signed

Relationship to child

Date

I agree/don't agree to photographic images of my child/ren to be used in the activity folders held in the Club.

Signed

Date

We recommend that all parents take out a personal accident insurance policy for each of their children attending the club.