



Pupil Registration Form

Hartford Manor After School Club

DETAILS OF CHILD

First Name(s).....

(Please underline the name usually used)

Surname as per child's birth certificate.....

Date of Birth..... Position in family.....

Home Address.....

.....Postcode.....

Tel No..... Class

DETAILS OF PARENTS (This information is required to enable the school and Education Authority to meet legal obligations)

NATURAL MOTHER

Miss/Mrs/Ms.....

Address (if different than child's address).....

.....Postcode.....

Tel No (Home)..... Tel No (Work).....

Email Address

IF PARENTS WERE MARRIED WHEN CHILD WAS BORN (NOTE: Details for unmarried fathers should be entered below if they have parental responsibility)

NATURAL FATHER

Mr.....

Address (if different than child's address).....

.....Postcode.....

Tel No (Home)..... Tel No (Work).....

Email Address

OTHERS HAVING PARENTAL RESPONSIBILITY

PRIORITY 1

Name.....

Address.....

.....Postcode.....

Tel No..... Mob No.....

Relationship to child.....		
<u>PRIORITY2</u>		
Name.....		
Address.....		
.....Postcode.....		
Tel No..... Mob No.....		
Relationship to child.....		
<u>IN AN EMERGENCY, WHO SHOULD THE SCHOOL CONTACT?</u>		
Priority 1.....		
Priority 2.....		
Priority 3.....		
Priority 4.....		
<u>ETHNICITY</u>		
Ethnic origin..... Home language.....		
Religion.....		
Child's medical number.....		
My child needs to use an inhaler	YES	NO
Immunisations are up to date	YES	NO
2152		
<u>MEDICAL</u>		
Which Doctor is your child registered with? Dr.....		
Address.....		
.....Tel No.....		
Does your child have any long term medical conditions of which the school needs to be aware (e.g. asthma, Allergies, family medical history)? Please give details.....		
.....		
<u>Details of any special dietary requirements, food allergies and any significant food and drink preferences</u>		
.....		
.....		
<u>Please provide any other information about your child that you think we should know</u>		

Please inform a member of staff of any changes as soon as possible.

If my child needs to use an inhaler I have informed the club staff and given them all the necessary information they need.

In the event that my child is involved in a serious incident, I expect to be informed immediately on the emergency number above.

In the event that my child requires immediate medical treatment before I am able to get to hospital, I hereby authorise the club manager or delegated member of staff, to consent to emergency medical treatment on my behalf.

I understand that this authorisation will remain valid unless I contact the club to withdraw it.

If you have any queries about the form please speak to a member of staff.

Signature of Parent/Carer.....

Date.....

Print name.....