

Breakfast club,  
Littletown Laurels A.S.C  
Registration form

Although breakfast club and after school club are separate and you may not need both, the paperwork is filed in the same place.

Please complete and return via email to [hannah.groves@littletownacademy.org](mailto:hannah.groves@littletownacademy.org)

Child's name \_\_\_\_\_

I have read the Breakfast club and/or Littletown Laurels A.S.C guidelines and agree to them.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (Please print) \_\_\_\_\_

Relationship to child \_\_\_\_\_

I would like to use vouchers in payment. Voucher name:

Littletown Laurels A.S.C  
Registration form

Child's full name			
Home address			
Postcode			
Religion		Ethnic origin	
Date of birth		Age	
Class/teacher			
Name of parents/careers	1.	2.	
Place of work			
Address			
Contact numbers	Home Work Mobile	Home Work Mobile	
Emergency contacts	1.  Tel:	2.  Tel:	

Named adults authorised to collect child	1. 2. 3.
Child's doctor	
Address of Doctor surgery  Contact number	
Known medical conditions	
Regular medication NB please fill in medical consent form	
Known allergies	
Do you give permission for your child to:	Please circle
Have photographs taken for publicity purposes?	YES/NO
Have their name printed with publicity pictures?	YES/NO
Have photographs taken for display purposes?	YES/NO
Leave school grounds for walks to the park etc, within one mile of the setting?	YES/NO
Have plasters applied?	YES/NO
Watch PG films?	YES/NO
Be observed for staff training exercises?	YES/NO
Have face paints applied?	YES/NO

Breakfast club,  
Littletown Laurels A.S.C  
Parental permission form – Emergency medical consent

In order to enable staff to ensure that your child receives the best most appropriate care, attention and treatment should there be an emergency in the above setting or while out on an authorised outing, you need to read, complete , date and sign the declaration below.

Full name of child \_\_\_\_\_

Date of birth \_\_\_\_\_

Name of parent/career \_\_\_\_\_

(please print)

**Declaration for emergencies**

I agree to the manager of Breakfast club and/or After school club taking the necessary steps to ensure that my child receives the best and most appropriate care, attention and treatment should there be an emergency or accident in the provision or while my child is on an authorised outing. I understand that the manager will make every effort to inform me of any emergency or accident as soon as possible after the event, but that they may, in my absence, have to accompany my child to hospital in the case of a serious accident. I give my permission for the manger to authorise hospital staff to administer essential treatment until my arrival.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**If you do not agree with ANY of the above declaration, please do not sign it but make your views known in the space below. The manager will then discuss this with you and do your best to accommodate your particular wishes.**

**I do not agree with the declaration and would prefer the following procedure to be followed for my child in the event of an emergency**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_