



Out of Hours Registration Form

Childs Name..... DOB.....

Address.....

.....Postcode.....

Ethnic Origin.....Religion.....

Emergency Contact Details:

1. Name..... Relationship.....

Home Phone..... Mobile.....

2. Name..... Relationship.....

Home Phone..... Mobile.....

3. Name..... Relationship.....

Home Phone..... Mobile.....

Password for Collection.....

Contact details of Doctor:

Name.....

Address.....

Telephone Number.....

Details of any medical conditions, food allergies and intolerances:

Consents

1. I give permission for photographs of my child to be displayed on/in:

The school website Yes/No

School Yes/No

Twitter (Pikemere) Yes/No

The school prospectus and other printed materials produced for promotional purposes Yes/No

Unless stated otherwise consent is being given for both schools.

2. I agree that, in the event of a medical emergency, a qualified First Aider may administer medical treatment or seek medical advice Yes/No

3. I give permission for my child to take part in activities which may involve leaving school premises e.g. The local park Yes/No

Specific consent will be requested for trips and activities involving any form of transport

4. I give permission for my child to have supervised access to the internet as part of activities: Yes/No

Please notify us immediately of any changes to the information you have provided.

By signing below, you are confirming that:

1. This application form has been completed to the best of your knowledge.
2. You have read and agree to abide by the Out of Hours terms and conditions.
3. You agree that you are liable to pay the fees in accordance with the payment terms.

Parents signature.....Date.....

Staff Signature.....Date.....

A late pick up fee of £10.00 will be chargeable.