

Booking Form

Sir John Lillie

Breakfast Club and Playcentre



Child's First Name _____ Last Name _____

Parent First Name _____ Last Name _____

Parent/Carer Signature _____ Date _____

Email Address _____

Staff Name _____ Signature _____

Registration Form

Child's Details :

Child's First Name	Last Name
DOB	Male <input type="checkbox"/> Female <input type="checkbox"/>
School Attended	

Sessions Required : Please Tick.

	Monday	Tuesday	Wednesday	Thursday	Friday
Breakfast Club					
Playcentre					

Parent/Carer Details :

Parent/Carers Name	
Address	
..... Post Code	
Telephone No: Home	Work
Mobile	Evening

Second Contact in Case of Emergency :

Contact Name	
Relationship to child	
Address	
..... Post Code	
Telephone No: Home	Work
Mobile	Evening

Medical Information Form

Please circle Yes or No to the following questions.
If the answer is yes please give more details in the space provided.

Does your child have a physical disability or specific need that may require us to offer special support ? Yes/No

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Does your child have a known medical condition that may require certain medical interventions ? Yes/No

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Does your child have any religious beliefs that may exclude certain medical interventions ? Yes/No

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Does your child require a special diet ? Yes /No

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Does your child have any allergies ? Yes/No

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Is it necessary for your child to be given any medication during playcentre or breakfast club hours ? Yes/No

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If yes please complete a Medicine Consent Form available on request.

Other Information Form

Is your child likely to run away from site ? Yes/No

Do you agree to your child being taken off site under supervision to visit places within walking distance, normally the local shop or park ? Yes//No

Are you willing for your child to have his/her photograph taken on site, which may be used in news items or publicity or in displays ? Yes/No

Does your child have any specific needs?
If yes please give details : - Yes/No

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Does your child have an appointed social worker?
If yes please give details : - Yes/No

Social Worker Name :

Office Address :

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Telephone No :