

THE YOUNG EXPLORERS CLUB



St George's CE Primary School
Perry Vale
London
SE23 2NE

Contact:

Email: stgeorges.tyec@hotmail.com

Website: www.theyoungexplorersclub.co.uk

Breakfast & After School Club Registration Form

Name of Child:

Class Year:

Date of Birth:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Address of Emergency Contact:

Name of Emergency Contact:

Emergency Contact Number:

Current School Address:

Head Teacher's Name:

School Tel. No.:

Current School Start Time:

<input type="text"/>	<input type="text"/>	:	<input type="text"/>	<input type="text"/>
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Current School Finish Time:

<input type="text"/>	<input type="text"/>	:	<input type="text"/>	<input type="text"/>
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Name of Mother:

Name of Father:

Address:

Address:

Tel. No.:

Tel. No.:

Email address:

Email address:

Name, Address and Tel. No. of GP:

Names of Any Other Person/s Who May Collect Your Child (***please add in their respective contact numbers***):

Does your child have any of the following: (***please circle***)

Asthma: **Yes / No** Eczema: **Yes / No** Diabetes: **Yes / No** Epilepsy: **Yes / No**

Any allergies or other special needs/requirements/dietary needs:

Details of medication (**dosage, time etc**). Please note that the club will only be able to administer medication if it is prescribed by a doctor with a label on the bottle with the name of the child:

Has your child had the following immunisations: **(please circle)**

Diphtheria x3: **Yes / No** Measles: **Yes / No** Tetanus x3: **Yes / No** Mumps: **Yes / No**

Whooping Cough x3: **Yes / No** Rubella: **Yes / No** Polio: **Yes / No**

Hib Meningitis x3: **Yes / No**

Is there any other information you feel we should know about your child?

Please tick the boxes below to indicate the sessions required.

Days	Breakfast Club (07:30 – 08:55)	After School Club (15:30 – 18:30)
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

DECLARATIONS:

In the unlikely event of your child having to be taken to hospital in an emergency every effort will be made to contact you in order that the normal parental consent may be given for treatment. In the case of our being unable to contact you, do you authorise the Group Leader to give consent to such treatment as advised by the Hospital Doctor? I hereby authorise the Group Leader to give consent to such treatment as advised by the Hospital Doctor:

Yes/No Signed:..... Dated:.....

Do you give permission for the Group Leader and helpers to take your child/children out of the group on occasional outings, weather permitting, (e.g. local park, library) provided there is adequate supervision and risk assessments carried out? For more planned outings, we will inform you in advance when this is likely to happen (this is mainly during the holiday clubs):

Yes/No Signed..... Dated:.....

For the purpose of class room displays and class portfolios, do you authorise The Young Explorers Club to take pictures of your child/children?

Yes/No Signed..... Dated:.....

I have read and accept the policies and procedures set out by The Young Explorers Club (some of which you can access on the website (www.theyoungexplorersclub.co.uk)).

Yes/No Signed..... Dated:.....

If you would like to reserve a place for your child, please complete this form with a non refundable fee for £10. If paying by cheque, please make payable to **A. Abraham** OR **A. M. Palermo**