

The Hideout

Warboys Primary Academy, Breakfast & After School Club

Registration Form

Child's Full Name	
Name to be used in club	
Date of Birth	
NH5 No	
Gender	
Ethnicity	
Languages Spoken	
Name of Person (s) with	
parental responsibility	
Home Address	

The Data Protection Act and the Education (School Records) Regulations (1989) protect this strictly confidential information, stored on the school's student records database and is used for contact purposes only.

Full details about how we use this data and the rights you have around this can be found at www.cambridgeshire.gov.uk/privacy. If you have any data protection queries, please contact the Data Protection Officer at data.protection@cambridgeshire.gov.uk.

Contact Details/Emergency Contact (1)

First Contact Name	
Telephone Number	
Mobile Number	
Daytime Contact Number	
Other Emergency Contact	
Details	

Contact Details/Emergency Contact (2)

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First Contact Name			
Telephone Number			
Mobile Number			
Daytime Contact Number			
Other Emergency Contact	t		
Details			
<u> </u>	uthorised to collect your child (including	ng contact	numbers
First Contact Name	Telephone Number		
Known Password for collec	ction:		
MAJOR MEDICAL TREA	TMENT		
		Yes	No
Do you agree to your son/daughter receiving emergency medical or dental treatment if it is considered necessary by the medical		763	140
	• •		
•	f it has not been possible to contact you		
	treme and unlikely circumstances, the		
	thorised on your behalf to give consent		
to any emergency treatme	ent. (please circle answer)		
If this is not acceptable,	please state clearly your preferred alte	rnative:	
FACEPAINT CONSENT			
I agree to my son/daughter having face paint applied		Yes	No
FOOD SAMPLING			
I agree to my son/daughter sampling foods		Yes	No
If this is not acceptable,	please state clearly your preferred alte	rnative:	

Please indica	te/ tick which days of the week you will require the club	
Breakfast	Club	
Monday \square	Tuesday 🗆 Wednesday 🗆 Thursday 🗆 Friday 🗆	
After Scho	ool Club	
Monday	3:10 p.m 4:10 p.m □ or 3:10 p.m 5:10 p.m □ or 3:10 p.m 6:00 p.m □]
Tuesday	3 :10 p.m 4:10 p.m □ or 3:10 p.m 5:10 p.m □ or 3:10 p.m 6:00 p.m □]
Wednesday	3:10 p.m 4:10 p.m □ or 3:10 p.m 5:10 p.m □ or 3:10 p.m 6:00 p.m □]
Thursday	3:10 p.m 4:10 p.m □ or 3:10 p.m 5:10 p.m □ or 3:10 p.m 6:00 p.m □	
Friday	3:10 p.m 4:10 p.m □ or 3:10 p.m 5:10 p.m □ or 3:10 p.m 6:00 p.m □	
-	re to commence from:	
I confirm the	at the information given is correct and I will contact the School Office as ble with any changes to the details.	
I understand	I that persistent late or non-payment of fees will jeopardise my child's tendance at the club. I also understand that I may be fined a late e (£5 per 15 minutes, or part thereof.) if I do not collect my child by	
Signature of	person with parental responsibility:	
Date:		
welfare of a	cimary Academy is committed to safeguarding and promoting the children and young people and expects all staff and volunteers to commitment. Warboys School is committed to child protection and	

equality and diversity.