

326 & HOLIDAY CLUB REGISTRATION FORM

Name of Child.....Class / Year.....

Date of Birth.....School Attending (If not Brooke).....

Address & Postcode.....

Main Contact		Second Contact	
Name		Name	
Address (If different)		Address (If different)	
Contact Number		Contact Number	

Password for Collection.....

Existing Medical Conditions & Medication Taken (please give details)

Will this medication need to be administered by the 326 or holiday club team? Yes / No

IF YES, PLEASE COMPLETE ADDITIONAL MEDICATION ADMINISTRATION FORM (Please ask at the school office)

Do you give consent for us to administer first aid to your child if required? Yes / No

Do you give consent for your child to watch PG rated films? Yes / No

Do you consent to your child being photographed and the images being used around school / website or social media? Yes / No

Does your child have any dietary needs or allergies? (Please give details)

Please list the names and contact numbers of all other people who may collect your child from the club – please note your child will not be released to anyone not on this list.

1.....

2.....

3.....

Signed.....Print.....

Date.....



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Thorne
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