**LBL Holy Trinity Learning Workshops: Registration Form**

Full name of child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent details

|  |  |
| --- | --- |
| Parent’s name: |  |
| Address: |  |
| Telephone home: |  |
| Telephone work: |  |
| Mobile number: |  |
| Email address: |  |
| Relationship to child: |  |

Child details

|  |  |
| --- | --- |
| Gender: |  |
| Date of birth: |  |
| Illness/Conditions/Food Intolerances/Medically advised allergies: |  |
| Any other information you feel may be relevant for staff: |  |

I agree for the staff at LBL to administer first aid where appropriate and in emergency situations to administer paracetamol-based medicine (for sudden very high temperatures) or Piriton (for unexpected allergic reactions). YES/NO

I agree that staff may deal with changing or assisting my child with changing in the event of them soiling or wetting their clothes. YES/NO

I give consent for any learning plans, actions plans or medical plans relating to my child may be shared with LBL Holy Trinity staff for the purposes of planning for effective learning strategies. YES/NO

Password in the event that my child is collected by someone other than a parent or regular carer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I agree to pay any fees promptly and understand there are fees for late payment and fees for collecting my child beyond the closing time of 4pm (Holy Trinity School site) or 6pm (Martin School site).

By completing this form I agree for my child to attend LBL After School Club and abide by all the policies set out on the website in order to for the staff to maintain a safe, healthy and fun environment for the children.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_