



Comberton Care Club Registration Form

Please contact a member of the Care Club's Team if you have any questions about this form or need help filling it in. Any children who attend the club must be registered. Please let us know immediately if any information changes.

Comberton Primary School aims to ensure that all personal data collected about staff, pupils, parents, governors, visitors and other individuals is collected, stored and processed in accordance with the [General Data Protection Regulation \(GDPR\)](#). You may view our privacy notice at www.combertonprimary.com.

Child's Full Name: _____

Name by which the child likes to be known: _____

Full Address (including postcode): _____

Date of Birth: _____

Gender (Male or Female): _____

Ethnic Origin: _____

Mother's Name and Address: _____

Father's Name and Address: _____

Telephone Numbers: Daytime: _____

Evening: _____

Who has parental responsibility for the named child? _____

Is there anyone who should not legally have contact with your child?

If so, is there any reason why this person/people should not have contact you're your child?
Please provide written evidence of this.

Name and Contact number(s) of person(s) collecting child from the club of different from
above:

Name: _____ Telephone: _____

Relationship to Child: _____

Name: _____ Telephone: _____

Relationship to Child: _____

Details of any other contact who may be able to collect the child in an emergency:

Name: _____ Telephone: _____

Relationship to Child: _____

Please note: Any changes to the person/people who are to collect the child must be notified in advance, in writing to the manager. We will only let the child leave with a named person over the age of 18. As an additional security measure, we ask parents to provide a password (a word of your choice e.g. orange) that the person collecting will need to say to a member of staff in order for your child to be released into their care.

My selected password is: _____

Photography Consent

I do/do not consent to my child's photograph being taken during activities whilst they attend the Care Club.

I do/do not consent to photographs of my child being displayed on our school website whilst they attend the Care Club.

Signature of Parent/Guardian: _____

Print Name: _____ Date: _____

Medical Information

Name of Child's Doctor: _____

Surgery Address:

Telephone: _____

Any known medical problems or needs (including other allergies):

Child's dietary requirements: food to be excluded from diet, known allergies etc:

Any other special requirements or information you want to give:

Do you consent to your child being given emergency medical treatment in your absence?

Yes

No