CONFIDENTIAL

Speenhamland School

**DRAGON CLUB REGISTRATION FORM**

Please complete the following details regarding your child and return the form to the Dragon Club. The information is required under the 1986 Education Act and will be treated in the strictest confidence.

***Please use block capitals and complete ALL sections of the form – thank you.***

**CHILD’S SURNAME**: …………………………………………………………………………………………………………

**FIRST NAMES**: …………………………………………………………………………………………………………

**PREFERRED NAME**: ………………………………………………. **DATE OF BIRTH:** …………………. (dd/mm/yyyy)

**GENDER:** [ ]  Male [ ]  Female

**ADDRESS:** …………………………………………………………………………………………………………………..

…………………………………………………………………………………………………………………..

 ………………………………………………………….. **POST CODE:** ……………………………

**SCHOOL ATTENDING:** ……………………………………………………………………………………………………….

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| **CONTACT DETAILS**  |
| MotherTitle…….… Forename………………………..…………………Surname …………………………………………………….… …………Address …………………………………………….……….………….. ………………………………. Postcode……………………Telephone: Home …………………………………..………………… Work …………………………………………….………Mobile …………………………………………………….Email: ……………………………………………………. Occupation: ………………………….………………………… | FatherTitle…….… Forename………………………..………………Surname …………………………………………………….… ………Address …………………………………………….……….………… ………………………………. Postcode………………….Telephone:Home ………………..…..…………………………….. Work ………………..………………………….……..Mobile …………..………………………………………Email: …………………………………………………..Occupation: ………………………….……………………… |

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| **OTHER EMERGENCY CONTACT DETAILS IF REQUIRED**  | **PERSON WHO WILL COLLECT FROM THE FACILITY (*If different)*** |
| Title…….… Forename………………………..…………………Surname …………………………………………………….… …………Address …………………………………………….……….………….. ….……………………………………………………………… ………………………………. Postcode……………………Telephone: Home …………………………………..………………… Work …………………………………………….………Mobile …………………………………………………….Email: ……………………………………………………. Relationship to your child: ……………….…………………………Eg: Grandmother, aunt, child minder | Title…….… Forename………………………..………………Surname …………………………………………………….… ………Address …………………………………………….……….………… ….……………………………………………………………. ………………………………. Postcode………………….Telephone:Home ………………..…..…………………………….. Work ………………..………………………….……..Mobile …………..………………………………………Email: …………………………………………………..Relationship to your child: ……………….…………………………Eg: Grandmother, aunt, child minder |

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| **MEDICAL INFORMATION** |
| Please mention any medical condition, medical needs or health concerns that might affect your child’s life in school.……………………………………………………………………………………………………………..…………………..……………………………….…………………………………………………………………………………………………………………………………..……………………………..Name of Doctor: ………………………………..………… Tel No: …………………………………………….Medical practice & Surgery address: Ongoing Medication:………………………………………………………. ……………………………………………………………………. |
| **Does your child have any additional needs or dietary requirements?** *(Please give full details)* |
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| **Does your child suffer from any allergies?** |
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**Permissions**

I give permission for my child to be given any necessary emergency medical advice or treatment. □

I give consent for my child to use equipment without a helmet, otherwise I will provide a helmet for my □

child that fits correctly and is specifically fitted for my child.

I give Dragon Club permission to take photographs of my child to record activities; the pictures □

may be used on the school twitter account.

**Signed:** ……………………………………………………………. **Dated**: …………………………………

**Relationship to Child:** ……………………………………………………………..