



CHINLEY PRIMARY SCHOOL

Buxton Road
Chinley
High Peak
SK23 6DR

Tel/Fax: 01663 750367

Email: info@chinley.derbyshire.sch.uk

Headteacher: Mr Peter Lambert

EARLY BIRDS AND NIGHT OWLS – REGISTRATION AND MEMBERSHIP

CHILD'S NAME (IN FULL): _____

ADDRESS: _____

DATE OF BIRTH: _____

CONTACT DETAILS:

MOTHER: _____

TELEPHONE (HOME): _____

TELEPHONE (WORK): _____

TELEPHONE (MOBILE): _____

FATHER: _____

TELEPHONE (HOME): _____

TELEPHONE (WORK): _____

TELEPHONE (MOBILE): _____

EMERGENCY:

NAME: _____

TELEPHONE: _____

CHILD'S DOCTOR _____

TELEPHONE NUMBER: _____

MEDICAL HISTORY: ALLERGIES, SPECIAL NEEDS, DIETARY REQUIREMENTS

PLEASE INDICATE BELOW THE PEOPLE WHO WILL DROP OFF AND COLLECT YOUR CHILD:

EARLY BIRDS(DROP OFF): _____

NIGHT OWLS(COLLECT): _____

PASSWORD _____





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MEDICAL EMERGENCY CONSENT

I consent to any emergency medical treatment necessary during the running of the club. I authorise the playcare staff to sign any written form of consent required by the hospital authorities if the delay in getting my signature is considered by the doctor to endanger my child's health and safety.

SIGNED: _____

If you cannot give consent for religious or cultural reasons, please give your wishes/instructions in the event of a medical emergency.

SIGNED: _____

I give/do not give permission for my child to use the outdoor play equipment.

SIGNED: _____

I give permission for my child to be taken into the playground at 8.50am for the start of the school day.

SIGNED: _____

I agree to the terms and conditions of **EARLY BIRDS** and **NIGHT OWLS** and agree to follow its Policies and Procedures. Copies of the Policies and Procedures are displayed in the cloakroom area for parents to review.

SIGNED: _____ DATE: _____

EARLY BIRDS AND NIGHT OWLS CLUB IS COVERED TOGETHER WITH SCHOOL INSURANCE.

