

## Breakfast Club and Afterschool Personal File



|                                  |                    |
|----------------------------------|--------------------|
| Legal Surname:                   | Other Surname (s): |
| .....                            |                    |
| Forename:                        | Middle name (s):   |
| .....                            |                    |
| Address:                         |                    |
| .....                            |                    |
| Postcode: .....                  |                    |
| Date of Birth: ..... Male/Female |                    |

| Pattern of attendance           |        |         |           |          |        |
|---------------------------------|--------|---------|-----------|----------|--------|
|                                 | Monday | Tuesday | Wednesday | Thursday | Friday |
| Breakfast Club - £3 per session |        |         |           |          |        |
| Afterschool - £7.50 per session |        |         |           |          |        |
| Both - £10 per day              |        |         |           |          |        |

Start date: ...../...../.....      Leaving date: ...../...../.....

### Emergency contacts

|                  |  |
|------------------|--|
| Name of person   |  |
| Telephone Number |  |
| Relationship     |  |
| Password         |  |
| Name of person   |  |
| Telephone Number |  |
| Relationship     |  |
| Password         |  |

|                  |  |
|------------------|--|
| Name of person   |  |
| Telephone Number |  |
| Relationship     |  |
| Password         |  |

**Dietary needs**

Is your child on a special diet or do they have any specific dietary needs due to religion or culture? Yes/No *(please circle)*

If Yes, please specify .....

.....

Is the diet permanent or temporary? .....

Does your child have any food intolerances or food allergies? Yes/No *(please circle)*

If Yes, please specify .....

.....

*(If yes please complete risk assessment/medical care plan as appropriate)*

**Child's medical history**

Does your child have any medical history? Yes/No *(please circle)*

If Yes, please specify .....

.....

Does your child have any allergies not already specified in the dietary section? Yes/No *(please circle)*

If Yes, please specify .....

..... *(If yes please complete medical care plan)*

Does your child have any current ailments or medical conditions that we should be aware of? Yes/No *(please circle)*

If Yes, please specify .....

..... *(If yes please complete medical care plan)*

Are there any special circumstances when parent/carers should be contacted?

Yes/No (*please circle*)

If Yes, please specify .....

**Permissions**

Please refer to Parent/Carers welcome pack for further details of permissions.

Name of Child .....

Name of Parent.....

Relationship to Child .....

**Medical advice and treatment**

**I do / do not** give permission for a member of staff to seek any necessary emergency medical advice or treatment as needed for my child, and also to accompany him/her to the hospital in the case of an emergency.

**Observations and photographs**

**I do / do not** give permission for students to observe my child as described.

**I agree / do not agree** to my child being photographed for the purpose of displays within the centre.

**I agree / do not agree** to my child's photograph being used in another child's Learning Journey.

**Permission to take children off the premises**

**I do / do not** give permission for my child to take part in trips off the nursery premises.

**I could / could not** be available to help with nursery trips as detailed above.

**Permission to apply suncream**

**I do / do not** give permission for my child to have suncream applied on them.

**Social Media and digital consent**

**I do / do not** give permission for photos of my child to used in promotional material for Big Life Nurseries, e.g. leaflets, brochures or display boards

**I do / do not** give permission for photos of my child to used in other media such as newspapers or magazines that request it from The Big Life group

I agree the above information to be correct regarding my child and agree to adhere to the statements made in the above document and attached forms.

Parent/carer signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_