

WESTWOOD WITH IFORD SCHOOL



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Registration and Consent Form For Breakfast Club and After School Care

Welcome to our Breakfast Club and After School Care which is provided in conjunction with Active Trowbridge. It is important that we have up-to-date information about your child, so please take the time to complete this form carefully. Without this form your child is unable attend breakfast club and after school care sessions. Please let us know if there are any significant changes in the child's circumstances you feel we should know about. A copy of this form is kept by the Active Trowbridge coaches.

Child's Details

Full name of child

Date of Birth

Address

.....

.....

Post code

Parent/Carer Contact Details

Land line telephone

Mobile telephone

Email address

Emergency Contact Details in the event that we are unable to contact you on the above numbers

PTO

Medical Information

Name of child's GP

Address

.....

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Post code

Telephone

Date of Last tetanus injection (if known).....

Does the child/young person have any allergies?.....

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Is the child/young person on any medication?

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Any health condition or disability we should know about?

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I give permission for photos to be taken during the group session. Yes/No

Signature

Date.....