



## **BUDDIES – Extended Schools Registration Form**

**Childs Name:** \_\_\_\_\_ **Date of Birth :** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Collection Information:** *Please inform us if anybody else, other than those listed on the registration form will be collecting your child.*

**Name:** \_\_\_\_\_ **Telephone No :** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Telephone No:** \_\_\_\_\_

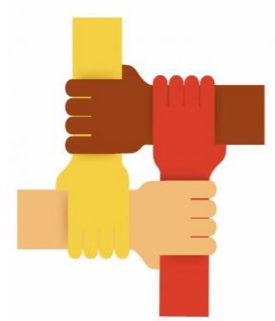
**Name:** \_\_\_\_\_ **Telephone No:** \_\_\_\_\_

### **Medical Information:**

*Does your child have any condition requiring medical treatment, or medication? If so, please give brief details:*

*Does your child have any allergies which may be affected by specific activities (hayfever, food intolerances, etc)*

**Other information about your child:** *Is there anything else we should know about your child that may affect After School Activities? Please give brief details:*



## Photographs and Internet

We may take photos of your child during Buddies sessions. These may be used in records and training but may also be used in newsletters, newspapers or on the school website.

It is not usual that we will put names with the photos either in newspapers or on the website. However, if on the odd occasion we felt it necessary to include names we would ask you separately for specific permission.

Please can you tick **only** the statements below you agree with and then sign.

- I give permission for photographs of my child to be used in **school newsletters**
- I give permission for photographs of my child to be used in **local newspapers.**
- I give permission for photographs of my child to be used on the **school's website.**

**In an Emergency please call:** *Please indicate the order you would wish us to use:*

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Signed \_\_\_\_\_ Relationship to child \_\_\_\_\_

Your Name in Print \_\_\_\_\_ Date \_\_\_\_\_