



Lawn  
Primary  
School

# Tree House Club

## Registration Form

2023/24

Child's Name	
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Norbury Close, Allestree, Derby DE22 2QR

Telephone: (01332) 550178

Email: [admin@lawn.derby.sch.uk](mailto:admin@lawn.derby.sch.uk)

Website: [www.lawn.derby.sch.uk](http://www.lawn.derby.sch.uk)

## TREE HOUSE CLUB REGISTRATION FORM

(Please read carefully and complete all sections before signing and returning with a **non-refundable £5 cash admin** fee ensuring you have completed all paperwork enclosed)

If you wish for your child to attend the same sessions each week until further notice please indicate which days below:

**Before School Club**      Date of first session- \_\_\_/\_\_\_/\_\_\_

Monday	Tuesday	Wednesday	Thursday	Friday

**After School Club**

Monday	Tuesday	Wednesday	Thursday	Friday

Alternately if you are unsure or require different days each week please tick this box  (note that ad-hoc sessions are only available subject to availability)

**Please indicate how you wish to pay for your childcare (please tick):**

Online using SCO     Childcare vouchers  **(please specify provider)** \_\_\_\_\_

**Please read and delete as appropriate:**

**I hereby give/do not give** permission for my child’s image to be used on the Tree House Club School Dojo.

**I hereby give/do not give** permission to staff at The Tree House Club to give First Aid Treatment to my son or daughter in case of emergency during the club. I authorise the club staff to sign any written form of consent required by the hospital authorities if the delay in getting a signature is considered by the doctor to endanger my child’s health and safety.

I hereby declare, that I understand the contract as set out in previous document. I accept that it is legally binding and the information I have given is correct to the best of my knowledge.

Signed: \_\_\_\_\_ Name: \_\_\_\_\_

Name of Child: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Date: \_\_\_\_\_

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## PERSONAL INFORMATION FORM – STRICTLY CONFIDENTIAL

All children who attend the club must be registered with us.

To be completed for each child:

Full Name of Child	Date of Birth
Parent's Name	Parent's Name
Name of any brothers and sisters:	
Home Address of child: <span style="float: right;">Home Address of parent (if different to child):</span>	
Post Code: Post Code:	
Telephone Number:	Mobile Number:
Email Address:	
Parents workplace addresses (in case we need to contact you during working hours)	
Parent 1 (Name _____)	Parent 2 (Name _____)
Telephone:	Telephone:
Names of other persons authorised by parents to collect the child <b>if different from above</b> (children will only be allowed to leave with a named person).	
1.	Telephone:
2.	Telephone:
Name of Family Doctor:	
Surgery Address:	
Telephone:	

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Does your child have any known medical conditions or allergies? Please give details:

Please answer the questions below:	Yes	No	Date
Has your child been immunized against:			
Diphtheria			
Whooping cough			
Tetanus			
Polio			
Measles			
HIBS			

Has your child had any major illnesses or operations that we need to know about?

Has your child any ongoing health problems?

Does your child have any special educational needs?

Does your child have any special dietary requirements?

Do you have any special requests in terms of religious observances, food, clothing, health etc?

Is there any background information on your child which may help us to understand him/her better, eg siblings, pets, fears, special words for things, or even recent family event which you feel may have affected your child?

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