

Jotmans Hall Primary School Woodland Club Registration Form OfSTED No. 115251



School telephone number: 01268 - 755456

Club mobile number: 07940307957 Website: www.jotmanshall.com

Child's Surname				
Child's First Name				
Child's Date of Birth				
Address				
Post Code				
Home Telephone Number				
Mother's Name				
Place of Work				
Contact Number				
Father's Name				
Place of Work				
Work Contact Nur	nber			
	ı			
Emergency	1		ame	Tel.
Contact Names,		A	ddress	
Addresses and				
number			elationship	
	2	' '	ame	Tel.
Please give three		A	ddress	
names,				
addresses,		Re	elationship	
telephone	3		ame	Tel.
numbers and		A	ddress	
relationship to				
child.		Re	elationship	
Name of Doctor				
Address of Doctor				
Telephone No.				
Are there any alle	rgies,	me	dical conditions or dietary re	quirements or other problems



we should be aware of?			
(Also see Permission to give treatme	ent form for det	ails)	
Does your child require medication of	administered wh	ilst Yes	No
at Woodland Club?			
Are there any issue relating to yo should be made aware of?	our child's beh	aviour that the	Woodland Club
should be made aware or:			
Yes/No (Please State)			
	£		
Does your child receive any form of the state of the stat	or educational s	upport at school	(
ii yes, piedse speeliy			
Yes/No (Please state)			
			_
Permission to take to Hospital/Doc		mont nooccor	, and authorica
I consent to any emergency Woodland Club staff to sign any c		_	
delay in getting my signature is co			
health and safety	j		
Signed:		Date:	
Comments:			
In an emergency and in the ever	nt that neither [Parent/Carer ca	n he contacted
do you give your consent for a doc		_	ii be contacted,
do you give your consent for a doc	zioi io alterio io	your crilia:	
Yes/No			
	Please tick	Please state the	e date you would
	the days you	like your child t	o join the Club
	require		
Breakfast Club - Monday to Friday			
Monday - after school			
Tuesday - after school			
Wednesday - after school			
Thursday - after school			
Friday - after school			



Permission to apply sun cream							
Club Staff will have Soltan Kids Suncare Sp	ray SPF 30 or Nivea 50+ and are happy to						
help the children apply it during sunny weather. If you are happy for your child to							
have cream applied please sign below.							
Yes	No						
Signed:	Date:						
Comments:							
Permission to leave Woodland Club Premis	es						
Some of the activities of the Club may include	•						
journeys may involve travelling by public trans	' '						
to the necessary legal requirements being activities, please give your permission.	met. For your Child to take part in these						
I give permission for my child to leave the	Woodland Club premises for the purpose of						
outings and visits.	A CONTRACTOR PROGRAMMENT AND PROFESSION						
Yes	No						
Signed:	Date:						
Comments:							
Permission to have child's photo taken wh	lst at Woodland Club						
Whilst in Woodland Club there are a numbe	r of occasions when your child's photo						
might be taken e.g. for use on wall displays, by local press to accompany press							
releases etc. To avoid the need to get permission each time, we ask you to sign below.							
If you do not want your child's photo taken for any reason, please delete as							
appropriate.							
* Yes, you may taken my child's photo at any	time whilst in Woodland Club						
* No, I would prefer you not to take my chi	d's photo whilst in Woodland Club						
Signed:	Date:						
I have read the Prospectus							
Signed:	Date:						

Please return your registration form as soon as possible to:
Claire Lacey or Penney Spall-Hanson - Woodland Club
Jotmans Hall Primary School, High Road, Benfleet, Essex SS7 5RG

Please note that in signing this Registration Form you are also confirming that all the information you have provided is accurate, it is illegal to knowingly provide inaccurate information. It is the responsibility of the parents/carers to keep the Woodland Club informed of any change to details contained on this form. We ask that you are proactive in helping keep our information up to date



Permission to Give Treatment Form To help us maintain the care of your child we have devised a form seeking permission to use the following items. Child's Name: Yes No Bandages Micropore tape **Plasters** Gauze Junior Disprol Cotton wool Alcohol free antiseptic wipes Face paints Comments:



Dated:

Parent's Name:

Signed:

Woodland Club Childs Agreement

Ι	agree to attend the Woodland Club.
I accept my abilit	the terms set out below and agreed to fulfil them to the best of $y.$
1.	I agree to leave the building if instructed for a fire drill or similar reason.
2.	I agree to be polite to staff and other children.
3.	I agree not to swear, steal or bully other children, staff or helpers.
4.	I will be quiet when the staff speak and to follow instructions.
5.	I will respect the Woodland Club/Jotmans Hall buildings at all times and to keep it tidy.
6.	I will try to behave well at all times.
7.	I will aim to have fun, to learn new games and make new friends.
Signed	
Age	
Date	

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Personal Profile

(You might like someone else to help fill this in with you!)

My name is
I live at
I amyears old
In my house lives my
My birthday is on
I have a petand it is called
When I am at home I like to
My favorite program to watch on television is
I like listening to
My favourite time of the year is
My favourite food is
My least favourite food is
At school my best subject/s
My teacher is called
After school I like doing
In the school holidays I like to
Other clubs I belong to are



Draw a picture in here to show what would make your time at Woodland Club more enjoyable			

Thank you for taking some time to fill this profile in. We will find the information really useful in getting to know you.

See you at Club soon!

