

Charlton-on-Otmoor CE Primary School Fencott Road

Charlton- on-Otmoor Kidlington

Oxon OX5 2UT Phone: 01865 331239

Email: office@charltonono.co.uk

Headteacher: Mrs N Gosling

<u>Charlton-on-Otmoor</u> <u>Breakfast Club and CAST Registration form</u>

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Full Name of Child:		Male		Female		
Date of Birth: Ethnicity:		Home language:				
Child's Address:						
Parent/Carer contact details	:					
Name:		Name:				
Relationship to child:		Relationship to child:				
Mobile:		Home:				
Home:		Work:				
Work:		Mobile:				
Email address:		Email address:				
Details of two persons willi available:	ng to be contac	cted in case o	f emergen	cy if pare	ent is not	t
Name:		Name:				
Tel No:		Tel No:				
Relationship to child:		Relationship to child:				

In the event that you require your child picked up by someone other than one of these two emergency contacts, a code word will need to be provided. Please select a code word that you will need to be given by family / friend at pick up to

Medical:
Details of child's doctor
Name:
Address:
Tel No:
Medical conditions:
Please supply details of any medical conditions that your child may have including any medications taken:
In the event of my child requiring emergency treatment and the Head Teacher or other representative being unable to contact me, I give consent for the member of staff accompanying my child to approve the
application of any emergency treatment, including anaesthetic advised by the medical authorities for the wellbeing of my child.
wellbeing of my child. Yes/No *Please delete as applicable
wellbeing of my child.
wellbeing of my child. Yes/No *Please delete as applicable Dietary Requirements:
Yes/No *Please delete as applicable Dietary Requirements: Please indicate if your child has any dietary requirements, allergies or intolerances:
Yes/No *Please delete as applicable Dietary Requirements: Please indicate if your child has any dietary requirements, allergies or intolerances:
Yes/No *Please delete as applicable Dietary Requirements: Please indicate if your child has any dietary requirements, allergies or intolerances:
Yes/No *Please delete as applicable Dietary Requirements: Please indicate if your child has any dietary requirements, allergies or intolerances: Food Allergies/Intolerances:
Wellbeing of my child. Yes/No *Please delete as applicable Dietary Requirements: Please indicate if your child has any dietary requirements, allergies or intolerances: Food Allergies/Intolerances: Permissions: From time to time the children in Wraparound Care will watch a film. The showing of U rated films are permitted but in some cases a PG rated film may be requested. On these occasions permission from
Yes/No *Please delete as applicable Dietary Requirements: Please indicate if your child has any dietary requirements, allergies or intolerances: Food Allergies/Intolerances: Permissions: From time to time the children in Wraparound Care will watch a film. The showing of U rated films are permitted but in some cases a PG rated film may be requested. On these occasions permission from Parents/Carers is required. Please sign below if you are happy for your child to watch PG rated films.
Wellbeing of my child. Yes/No *Please delete as applicable Dietary Requirements: Please indicate if your child has any dietary requirements, allergies or intolerances: Food Allergies/Intolerances: Permissions: From time to time the children in Wraparound Care will watch a film. The showing of U rated films are permitted but in some cases a PG rated film may be requested. On these occasions permission from Parents/Carers is required. Please sign below if you are happy for your child to watch PG rated films. Signed:
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