



The Lighthouse Club at Horwich Parish CE Primary School

Registration Form







Please complete and return this with your booking form. Emergency contact numbers are required in cases of accident or illness. Any changes to these details should be provided to School as soon as possible.

PLEASE COMPLETE ALL SECTIONS







PUPIL INFORMATION

Surname:	Forename:
Middle Name(s):	Chosen Forename:
Male/Female (delete as appropriate)	Date of Birth:
Home Address:	
Postcode:	Home Telephone Number:

PARENT/CARER INFORMATION – In case of emergency parents/carers will be contacted first. By providing the contact information on this form, it is assumed that you have sought permission from the individuals for school to hold their data. Data will only be used by those authorised to do so within school.

SURNAME: (MR/MRS/MISS/MS)	FORENAME:	RELATIONSHIP TO PUPIL:
ADDRESS: POSTCODE:	 HOME: _____  WORK: _____  MOBILE: _____ EMAIL: _____	
SURNAME: (MR/MRS/MISS/MS)	FORENAME:	RELATIONSHIP TO PUPIL:
ADDRESS: POSTCODE:	 HOME: _____  WORK: _____  MOBILE: _____ EMAIL: _____	

OTHER CONTACTS: Please provide extra contact details in order of preference in case we are unable to contact parents/carers

1	SURNAME: (MR/MRS/MISS/MS)	FORENAME:	RELATIONSHIP TO PUPIL:
	ADDRESS: POSTCODE:	 HOME: _____  WORK: _____  MOBILE: _____ EMAIL: _____	
2	SURNAME: (MR/MRS/MISS/MS)	FORENAME:	RELATIONSHIP TO PUPIL:
	ADDRESS: POSTCODE:	 HOME: _____  WORK: _____  MOBILE: _____ EMAIL: _____	

MEDICAL INFORMATION

Dr's

Surgery: _____

Address _____

Tel: _____

ANY MEDICAL CONDITIONS/DISABILITIES OR PERSONAL DETAILS WHICH YOU THINK WE SHOULD BE AWARE OF
e.g. Asthma

Preventative medicines (e.g. epipens, inhalers etc) can be held and administered in school with a parental agreement form.

Prescribed medicine will only be administered if the dose of the medicine is at least four times per day and a parental agreement form is completed.

DIETARY NEEDS

Artificial Colouring Allergy

No Dairy Produce

No Pork

Vegetarian

Gluten Free

No Nuts of any Type/Quantity

Seafood Allergy

Please indicate any other foods that your child is allergic to (this information will be collated as part of taste testing consent):

CONSENT

My child having a plaster applied, should the need arise	Yes	No
My child/children's photograph to be used for Twitter	Yes	No
My child/children's photograph to be used for the school newsletter	Yes	No
My child/children's photograph to be used for promotional materials	Yes	No

Signed: _____ Parent/Carer Name _____

Relationship to Child: _____

Date: _____

May 2023