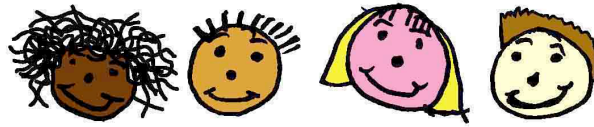


Bowes Primary School



Southgate Green

The Bowes Club

ENROLMENT FORM

Child's Name

Class

STRICTLY PRIVATE & CONFIDENTIAL

The following information will be held by the club. Please ensure that all information is completed and that the club is kept up to date with any changes to address, telephone numbers etc.

Child's Surname :		First Name :	
Middle Name(s)		Known Name :	Female <input type="checkbox"/>
Date of Birth :		Male <input type="checkbox"/>	
Date of Birth :		Place of birth :	
Home Address :			
Post Code :			
Borough:	If Enfield how long have you lived in the borough:	Home Telephone Number	
Mother's Name:	Parental Responsibility Yes / No	Father's Name:	Parental Responsibility Yes / No
Password:			
Home Address: (if different to child)		Home Address: (if different to child)	
Home ☎		Home ☎	
Work: ☎		Work: ☎	
Mobile: ☎		Mobile: ☎	
Email:		Email:	
Child Lives with Mum / Dad / Both Parents / Other		Collection arrangements:	
Emergency Contact Name: ☎		Relationship to child i.e. Grandparent / Childminder / Friend:	
Number of children in family: Position in family: (eg. oldest of 2)		Siblings:	

DIETARY REQUIREMENTS: i.e. Diabetic Vegetarian Allergy to foodstuff
Other (please specify)

MEDICAL INFORMATION:

Name of Doctor _____

Address _____

Telephone Number of Doctor _____

ANY MEDICAL INFORMATION OF WHICH THE SCHOOL SHOULD BE AWARE?

(For example, medical conditions such as Asthma, Diabetes, Heart Condition, Sickle Cell, Eczema or Allergies, Hearing, Vision, Speech difficulties please specify):

Has your child been immunised? YES / NO

Has your child received a pre school booster? YES / NO

PARENTAL CONSENT

Please read the following information carefully, delete the incorrect answer and sign at the bottom of this consent form. No further permission will be sought unless there are changes in school policy or other circumstances occur.

Welfare

I give permission for first aid to be administered **YES / NO**

I give permission for a staff member to take my child to hospital by car in the event of no ambulance **YES / NO**

I give permission for medical treatment at hospital in the event of no parent/guardian present **YES / NO**

Internet Access

As part of the school's ICT curriculum we offer pupils supervised access to the Internet. Further details of our school Internet Rules can be found in our Internet policy.

I give permission for my child to use electronic mail and access the Internet. **YES / NO**

Photographs

During their time at Bowes your child is likely to be photographed or filmed, while they are engaging in the curriculum, by Bowes staff or official visitors to Bowes. These photos or films may subsequently be used for display purposes, for our website, in the media or for training purposes outside school. We take care to ensure as far as possible that names are not attributable to individuals.

I give permission for my child to be photographed/filmed at school and for the images to be used for display purposes in school. **YES / NO**

I give permission for photographic/video material of my child to be used in the school brochure, on the school website, in the media and for training purposes outside school. **YES / NO**

I agree that any photographic or video images that I take at school events will be for my own personal use and will not be used inappropriately.

SignedParent

Date

Please tick days you request					
	Monday	Tuesday	Wednesday	Thursday	Friday
Breakfast					
After School Club					
Required start date					

.....

Child's Class:

Name of parent:

Signed:

Date:

