



## LADBROOKE JMI SCHOOL - AFTER SCHOOL CLUB

### REGISTRATION FORM

Watkins Rise, Potters Bar, Hertfordshire, EN6 1QB  
01707 652 882, [admin@ladbrooke.herts.sch.uk](mailto:admin@ladbrooke.herts.sch.uk)

CHILD'S FORENAME:	CHILD'S SURNAME:
ADDRESS:       Please provide a password below if you may require another person not included on this form to collect your child:	EMERGENCY CONTACTS  1 - Name & Relationship to child:  Contact Number:  2 - Name & Relationship to child:  Contact Number:
Name of person who will regularly pickup:   Relationship to child:   Phone Number:	Name of Doctor/Surgery:   Address:   Phone Number:
Does your child have any medical conditions including allergies: Yes / No <b>If yes, please give a description:</b>	Does your child use an Epi Pen? Yes / No  Does your child use an inhaler? Yes / No  Does your child have any dietary requirements, please provide details below:
I consent to my child having emergency medical treatment if necessary   Signed:  Name:  Date:	To the best of my knowledge I have given all relevant information on my child and agree to the club terms and conditions   Signed:  Name:  Date:

***GDPR:** The information gathered here will be used for After School Club whilst your child is at Ladbrooke. It will be held in the school office and will only be accessible to school staff working with your child. It will be shredded when your child leaves the school.*