

Goytre After School Club

Registered Charity No 1119483

The "Before School Club" at GASC, The "All Day Club" at GASC and The "Holiday Club" at GASC
At Goytre Fawr Community Centre, School Lane, Penperlleni, Pontypool, Monmouthshire, NP4 0AH

Registration Form

Please return to:
Joan Howells, GASC Senior Play Leader
Goytre Fawr Community Centre, School Lane,
Penperlleni, Pontypool, NP4 0AH
Telephone: 01873 880342
Mobile: 07855 706173
email:registration@gasc.org.uk

Child Details

Surname			
Forenames			
Date of birth			Class teacher
Gender M/F			Class no.
Please indicate the Clubs your child will attend	Before	After	All day
Does the child have any medical conditions that the Club should be aware of?	Yes	If yes please give full details overleaf, or on a separate sheet of paper.	
	No	If you wish the Club to administer medicines, you must sign overleaf or write to us and give us your permission	
Child's doctor	Address		Telephone Number
Ethnicity and Language	CIW require GASC to collect information on the ethnicity of and languages spoken by your child. Please tick the relevant box.		
	Ethnicity		Language
	White		Welsh
	Mixed / multiple ethnic groups		English
	Asian / Asian British		Bi-lingual Welsh-English
	Black / Black British		Other spoken language
	Other	Unknown	British sign language
	Please also complete the permissions overleaf.		Makaton
		Other	
Name of parent			

Signed

Date

By signing this form you, and the other people named above, agree to the above details being stored on computer systems used by GASC. GASC trustees, management and administration are committed to maintaining the security of any personal data used and stored by the Club. The data will be used primarily for the business of the Club but the overriding ethos will be the protection of the children who attend the Club. The data will not be shared with anyone who is not directly concerned with the welfare of your child, except for the CSSIW, except when legally required.

Goytre After School Club

Medical conditions

Emergency Consent

I consent to GASC administering any emergency treatment to the child named overleaf, during the running of the Club. I authorise the Club staff to sign any written form of consent required by the hospital authorities if the delay in getting my signature is considered by the doctor to endanger my child's health and safety.

Signed

Date

Please note that this consent will only be used in extreme circumstances, where we have tried and failed to contact you and if the doctor treating your child believes that your child's health is seriously threatened.

Condition	Asthma	<i>This is given as an example. Please delete it if your child does not suffer from asthma.</i>
Treatment	I consent to GASC administering my child's inhaler.	
Signed		Date

Condition	
Treatment	
Signed	Date

Dietary Conditions

Please tell us about any special dietary requirements that your child might have

--

Photographic Permission

I give my permission for GASC to take photographs of the child named over leaf

Signed	Date
--------	------

This is required so that GASC can take photographs of activities in which the children participate, the photographs will not be used for external publicity without your express permission.

Visit Permission

GASC has been given permission to use Goytre Fawr Primary School's playing field on an occasional basis, it may also want to visit Goytre Park. GASC needs your permission to take your child to the school and the park.

I give my permission for my child named overleaf to visit and use Goytre park and Goytre Fawr Primary School's playing field and equipment.

Signed	Date
--------	------

Is there anything else you feel we ought to know about your child?

--