Pillowell Early Years Breakfast Club and After School Club Registration Form

| Name of child |
|--|
| Date of birth |
| Address |
| Parent/Carer name |
| Telephone NoMobile |
| Email |
| Are there any adults who cannot collect your child Yes / No |
| Emergency contact details |
| (these must be local and contactable at times clubs are on) |
| |
| Does your child have any dietary or medical needs(please list) |
| |
| Does your child have an inhaler |
| Does your child have any allergies |
| Please indicate permission for: |
| Face paint Y/N Sun cream Y/N Going outside to the field Y/N |
| Please indicate permission for photos to be shared via: |
| Facebook Y/N School website Y/N School display board Y/N |

Records comply with new data protection rules (GDPR)

We will only use you and your child's personal information to enable us to provide an early years education service to you. We will also use this information to keep in contact with you by , email, post or by Facebook. We will keep the information secure and will only share it as necessary and appropriate for funding purposes (eg to access 15 or 30 hours funding from Gloucester CC) or if required by law (eg for safeguarding purposes). You have the right to ask us to view any information held and we will comply in accordance with the regulations.