

Alfreton Zest Registration form

Christ the King Primary School, Firs Avenue, Alfreton

Email: Alfreton.zest@valleycids.co.uk

Zest Manager Rachel Arrowsmith 07562 388271

Full Name of Child																		
DOB:																		
Parent/Carer Name Primary Contact		Parent/Carer Name																
Address		Address																
Postcode		Postcode																
Home Phone No.		Home Phone No.																
Mobile No.		Mobile No.																
Work No.		Work No.																
Email		Email																
Emergency Contact details:																		
Emergency Contact 1		Emergency Contact 2																
Name Relationship to child		Name Relationship to child																
Address		Address																
Postcode		Postcode																
Home Phone No.		Home Phone No.																
Mobile No.		Mobile No.																
Medical Details:																		
Doctors Name		Does your child have a medical condition that requires; <table style="margin-left: 20px;"> <tr> <td></td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td>Specialist medication</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Specialist treatment</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Known allergies</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Any other conditions</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>			Yes	No	Specialist medication	<input type="checkbox"/>	<input type="checkbox"/>	Specialist treatment	<input type="checkbox"/>	<input type="checkbox"/>	Known allergies	<input type="checkbox"/>	<input type="checkbox"/>	Any other conditions	<input type="checkbox"/>	<input type="checkbox"/>
	Yes			No														
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Specialist treatment	<input type="checkbox"/>			<input type="checkbox"/>														
Known allergies	<input type="checkbox"/>			<input type="checkbox"/>														
Any other conditions	<input type="checkbox"/>	<input type="checkbox"/>																
Doctors phone number																		
Surgery address																		
Postcode																		
Please provide details if you have ticked yes to any of the above																		
Does your child/the child in your care have any dietary requirements or food allergies/intolerances? Please provide details																		
Please inform us if your child/the child in your care has any additional needs or other health requirements we should be aware of?																		
I confirm my child/the child in my care has no allergies to plasters and I consent to plasters being used for minor cuts and abrasions. Please circle YES/ NO																		

I give permission for any appropriate first aid to be given by the nominated first-aider. In an emergency, and if I cannot be contacted, I am willing for my child/the child in my care to be given hospital treatment, including anaesthetic if necessary. I understand that every effort will be made to contact me as soon as possible.

Signed parent/carer Date.....

Data Protection

As the parent/carer of the child named below, I grant permission for images of my child/the child in my care to be used for the following purposes (Please cross each box which you give permission for)

<input type="checkbox"/>	Electronic and printed information, displays and exhibitions at Christ the King Primary School	<input type="checkbox"/>	To accompany staff reports circulated to Valley CIDS trustees
<input type="checkbox"/>	Valley CIDS website and Facebook page	<input type="checkbox"/>	Promotional material for the club.
<input type="checkbox"/>	Christ the King Primary School website	<input type="checkbox"/>	Local newspapers or magazines

I understand that personal details or names of any child in a photograph will never be given in such a way that would allow them to be individually identified. I understand that I can change or withdraw my consent for the use of photos/videos at any time by contacting Collette Allsobrook, Out of School Club Co-ordinator on 07544 592776 or email outofschoolclub@valleycids.co.uk The Saltpot, 13-14 The Green, Swanwick, DE55 1BL.

Signature Date.....

I am also aware that the Zest Club policies and procedures are available on request.

Your privacy is important to us. From time to time Valley CIDS may want to communicate with you. In line with the UK Data Protection Act (2018) please fill in the contact details you want us to use to communicate with you:

Name

Address

Email

Phone number

(please tick the boxes where you grant consent):-

I consent to Valley CIDS contacting me by post phone or email.

For Zest registration requirements and club communication purposes.

To keep me informed about news and events connected to Valley CIDS

By signing this form you are confirming that you are consenting to Collette Allsobrook, Out of School Club Co-ordinator holding and processing your personal data for the above purposes.

Signed Print name.....Date.....

Where you do not grant consent we will not be able to use your personal data; (e.g. we may not be able to let you know about forthcoming services and events); except in certain limited situations, such as where required to do so by law or to protect members of the public from serious harm. You can withdraw or change your consent at any time by contacting

Collette Allsobrook, Out of School Club Co-ordinator on 07544 592776 or email outofschoolclub@valleycids.co.uk Please note that all processing of your personal data will cease once you have withdrawn consent other than where this is required by law.

Data will be stored securely as set out in our data protection policy

Alfreton Zest

Registration Form

September 2023

Valley CIDS and related charities Registered Charity Number 1123173-1 Company Registration Number 05558271.

Registered office: The Saltpot, 13-14 The Green Swanwick DE55 1BL Tel: 01773 609603