



# DOWNHAM PREPARATORY SCHOOL AND MONTESSORI NURSERY

The Old Rectory, Stow Bardolph, Nr Kings Lynn, Norfolk, PE34 3HT  
(01366) 2388066 [secretary@dpsmn.norfolk.sch.uk](mailto:secretary@dpsmn.norfolk.sch.uk) [www.downhamprep.co.uk](http://www.downhamprep.co.uk)

## Summer School Child Registration Application

### CONFIDENTIAL

Please fill in the details requested below in capital letters and tick the boxes where appropriate

Child's Name (in full).....

Date of Birth ...../...../..... Sex M / F .....

Home Address.....

..... Postcode.....

Home Telephone Number.....

Mother's Name (in full).....

Mother's Mobile No & Email Address .....

Mother - Place of work .....Tel. No.....

Father's Name (in full).....

Father's Mobile No & Email Address.....

Father - Place of work.....Tel. No.....

N.B. Please tick here if you do not want your number (s) to be disclosed for any reason (...)

Alternative names and telephone numbers for other people authorised to collect your child from Summer School (relative, authorised friend etc.).....

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Religious Denomination.....

### Medical History

Has your child suffered from any infectious diseases (Measles etc.)? Please list below:-

.....

Does your child have any allergies?.....

Has your child any physical disabilities or suffer from any of the following, A.D.H.D, Autism, Dyslexia, Dyspraxia or any other similar condition? .....

What vaccinations or injections has your child had?.....

Does your child have a medical condition the school should be informed of? **YES / NO**

If YES, please describe.....

Does your child take any form of medication e.g. asthma inhaler, insulin? **YES / NO**

If YES, please state.....

**If your child requires medication i.e. Asthma inhaler, whilst at Summer Fun School please bring it on the days that your child attends.**

Name of your Family Doctor.....Tel. No.....

### **Administration of First Aid**

*In the event of an accident or illness at school, or on a school trip or outing, we will try to contact the people that are listed on your emergency contact list. If we are unable to speak to any of the listed people, we need your consent to act in loco parentis and administer first aid, or in the event of a more serious nature, permission to take your child to hospital and authorise their treatment there.*

*If there are any circumstances that we would need to be aware of please complete the form below e.g. allergic to Penicillin, plasters, Jehovah's Witness, no blood transfusions etc.*

*I give my consent to the school acting in loco parentis (in the event that I cannot be contacted) to administer first aid or authorise hospital treatment.*

Please list any relevant information that you would like to be taken into consideration in the above situation.

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.....

Signed.....Date..... Mother  Father  Guardian

### **Consent for Use of Photographs (nursery & primary)**

*We are requested by Ofsted and other agencies to take photographs of the children taking part in a variety of activities as evidence for various aspects of the curriculum. We also take photos for the school prospectus. We do not put children's names on any photos.*

*Would you please complete the section below to advise us of your wishes regarding this matter.*

I do / do not give my permission for .....to be photographed during school activities. I understand that if I give my consent my child's name will not appear on the photos unless I am contacted by the school and give my permission.

Signed.....Date..... Mother  Father  Guardian