**Rise and Shine Club**

I would like my child to be added to the Preston Primary School ‘Rise and Shine Club’ Register.

Name of Child:……………………………………………………………………………

Child’s Date of Birth:……………………………………………………………………..

Child’s Class:……………………………………………………………………..

My child has the following medical conditions/allergies:

…………………………………………………………………………………………………

…………………………………………………………………………………………………

My child has an asthma inhaler at school YES/ NO

Name of Parent/ Carer ……………………………………………………………………..

Contact Numbers:

Mobile Number:…………………………………………….

Work Number:………………………………………………

Home number………………………………………………

Other emergency contact:…………………………………

Email …………..……………………………………………

Name of Parent/ Carer ……………………………………………………………………..

Contact Numbers:

Mobile Number:…………………………………………….

Work Number:………………………………………………

Home number………………………………………………

Other emergency contact:…………………………………

Email …………..……………………………………………

I allow / do not allow (please delete as appropriate) Preston Primary School and Set Your Sights to share and discuss information about my child relating to the following areas:

* Child Protection
* Special Educational Needs (SEN)
* Behaviour Management
* Management of account including payment and emergency contacts
* Access to medical information and medicines

I also give / do not give (please delete as appropriate) Set Your Sights permission to contact me with regards to my registration and account

Signed: ……………………….……………….…………………………….

Date: ……………………….……………….……………………………….