



Polish School



e-mail:
funlittlepoland@gmail.com



Phone:
07928507978



Facebook
Fun Little Education

Personal Details

Confidential

Please be assured that all information supplied is private & confidential

CHILDREN'S DETAILS

Child's Name:

Date of Birth:

Place of Birth:.....

Nationality:.....

Address:.....

School:

Class:

Please detail below any medical condition,
medication, support requirements or write none:

.....

.....

.....

PARENT/GUARDIAN DETAILS

Name of Mother/Guardian

.....

Home Address.....

.....

Mobile Tel:.....

Email:

Work address:.....

.....

Occupation:.....

DOES YOUR CHILD HAVE SIBLINGS?

Name:.....

Date of Birth:

DOES YOUR CHILD HAVE ANY ALLERGIES?

.....

.....

.....

Name of Father/Guardian

.....

Home Address.....

.....

Mobile Tel:.....

Email:.....

Work address:.....

.....

Occupation:.....





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COLLECTION DETAILS

In addition to parents, only nominated adults are allowed to collect children. Please note that only those nominated will be able to collect your child.

I authorise the following to collect my child:

Name..... Relationship..... Contact no.....
Name..... Relationship..... Contact no.....

EMERGENCY DETAILS

EMERGENCY CONTACTS' DETAILS (person whom we can call on only when you are not available– NOT PARENTS)

Name..... Relationship..... Contact no.....

CONSENT TO MEDICAL TREATMENT (Please read statements 1 and 2 below, and tick only one box)

1) I give permission for my child to receive emergency medical treatment/anaesthetic, including blood transfusion, as considered necessary by the medical authorities present.



OR

2) I give permission for my child to receive emergency medical treatment/anaesthetic, as considered necessary by the medical authorities present with the exception of the administration of blood or blood products. I accept full legal responsibility for this decision.

DECLARATION

Fun Little Education hereby agrees to provide study and play for your child to the National Standards. I have read and agree to the Terms and Conditions and all Policy. I give my consent for my child to receive emergency medical care, if required and under the terms selected above, and to participate in normal programme of activities in our school.

Staff or photographer Łukasz Kowalski may take photographs or videos of my child activities and events for our records and publicity. Publicity may include posting pictures on our social media Facebook pages (Fun Little Poland and Fun Little Education), leaflets or Pixy Camera website as well as in an evaluated project fund reports.

We would like to keep you informed as it is your child after all. We would also like to save unnecessary paper. Please supply a mobile number and email address so we can let you know about what happened on the weekly activities or about relevant plans electronically. I agree to you processing my own and my child's data for the purposes of providing me with a service, administering my account and informing me of updates regarding to your service.

Signed..... (parent/guardian) Date:

