

ENROLMENT FORM

Child's name and surname

Date of birth

Place of birth

Address

Name and surname of parent / carer

Mobile Phone

Email

Name and phone number of person who will collect the child

Emergency contact (name, relation, phone number)

Does the child have special needs or disabilities

YES / NO

If so, please specify

Does the child have any allergies

YES / NO

If so, please specify

Does the child have all the up to date vaccinations?

YES / NO

Address of the child's GP

Has a court order been issued in relation to the child?

YES / NO

If so, please provide the school director with a copy of the court order.

I give consent to use my phone number to be part of school's Whatsapp group

YES / NO

Communication in the Czech language

- He / she speaks and understands Czech
- He / she does not speak, but understands Czech
- He / she does not speak and does not understand Czech

What language(s) do you speak at home?

Would you like to tell us anything else about your child?

How did you find out about Czech Club? (friends, Popoluška, Facebook etc.)

Would you be available to volunteer for us? REGULARLY / OCCASIONALLY

- Nursery / school assistant
- Nursery / school teacher
- Special occasions, trips or outings when more supervision is required

Would you be interested in sponsoring Czech Club? YES / NO / MAYBE

Consent for Emergency Medical Assistance

If at any point my child/children require(s) urgent medical treatment while at the Czech Club Birmingham, in Warwick and, provided that I cannot be contacted personally, I hereby give permission to the doctor, surgeon or designated person to make any decision that may prove necessary.

Name (print)

Signature

Data Protection

All information provided is for internal purposes only, treated as confidential according to the Data Protection Act 1998 and the Disclosure of Information.

Signature of parent / carer

Date
