

Bryn Gwalia Primary School
Clayton Road
Mold
Flintshire
CH7 1SU

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Growing together



Aiming High

Ysgol Bryn Gwalia
Ffordd Clayton
Yr Wyddgrug
Flintshire
CH7 1SU

Twitter:
[@BrynGwalia](#)

Website:
www.bryngwalia.org

**Ysgol Bryn Gwalia
Nursery Plus
Registration form**

Child's Full Name	
Girl / Boy	
Date of Birth	
Address	
Contact telephone numbers	
Name of parent/ guardian/ carer	
Name, address and phone number of additional contact we may use in an emergency	
Child's doctors Name, address and phone number	

Does your child have any known medical problems/ special needs	
Does your child have any food intolerances or allergies	
Any food your child does not eat	
Any other relevant information that we should be aware of; e.g. religious needs. Language preferences,	

Some of the routine activities of the club involve may off site visits, for your child to take part we need your permission. **Yes / No**

Some of the activities may involve face painting; we need your permission for your child to take part. **Yes/ No**

Your child will be allowed to play on the computer. We take all possible precautions to ensure the children are safe and do not access unsuitable material. We need your permission for your child to use the computer and for you to agree that your child will abide by our safety rules (these are the same as school) **Yes/ No**

From time to time we may take photographs for displays or for publicity; we need your permission to take photographs of your child only for these purposes. **Yes /No**

Medicines.

We will only administer medicines prescribed by a doctor. The medicine must be in the original container and have the child's name on it. The appropriate consent form must be filled in.

We take the health and well being of your child very seriously. Should an incident occur we will always endeavour to contact you. It is important all details are up to date. However in the event that urgent medical treatment is required during the session we need you to sign to authorise the club staff to sign any written consent form requested by a doctor or hospital authorities if the delay in getting your signature endangers your child's health and safety.

I agree to urgent medical attention being given to my child if necessary.

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I have completed the above to the best of my knowledge.

..... Date: