



St Mary the Virgin CE VA Primary School
& Shooting Stars Nursery
*Everything is possible.
Just believe!*



ORBIT CLUB REGISTRATION FORM

Please complete for each child

Child's Surname:	Child's Forename(s):
Preferred Name:	Boy <input type="checkbox"/> Girl <input type="checkbox"/>
Class:	
Address:	Postcode:
Date of Birth:	
Next of Kin: Relationship to Child:	
Religion:	Ethnic Origin:
FULL Name of Parent/Guardians:	FULL Name of Parents/Guardians
Address: As Above <input type="checkbox"/>	Address: As Above <input type="checkbox"/>
Tel. Home:	Tel. Home:
Tel. Work:	Tel. Work:
Mobile:	Mobile:
Email:	Email:



Headteacher Mrs. S. Bullmore BEd
Pheasant Way, Shaftesbury Road, Gillingham, Dorset, SP8 4LP
Tel 01747 824446 • Fax 01747 825095
Email: office@stmarygillingham.dorset.sch.uk
Website: www.stmarygillingham.dorset.sch.uk



Psalm 119:133

"Direct my footsteps according to your word"



Details of alternative person with permission to collect your child:	
Name:	Relationship to your child:
Address:	Telephone Number:
Details of Child's Doctor:	
Address:	Telephone Number:
Does your child have any known medical issues we need to be aware of.	No <input type="checkbox"/> Yes <input type="checkbox"/>
Does your child have any known allergies? If Yes, please state:	No <input type="checkbox"/> Yes <input type="checkbox"/>
Does your child have any major dislikes? E.g. certain foods/materials	No <input type="checkbox"/> Yes <input type="checkbox"/>
Any other information:	
Will your child attend the club on: Regular Days: <input type="checkbox"/> Casual Basis: <input type="checkbox"/>	When would you like your child to start at the club?
I agree by signing the After School Club Registration Form that I will accept the club rules as set out in the After School Club Agreement and Rules. Yes <input type="checkbox"/> No <input type="checkbox"/>	
I agree to photos being taken of my child and used on the school website, in the school newsletter, on internal displays, in the local press i.e. newspapers, social media i.e. twitter and class dojo, for my child to be in official school photographs and for official school photographs to be displayed in the school building. I agree to videos being taken of my child and for the videos of my child being used by Orbit Club for promotional purposes such as the school website.	Yes <input type="checkbox"/> No <input type="checkbox"/>
I consent to any emergency medical treatment necessary during the running of the club. I authorize Orbit Club staff to sign any written consent required by the Hospital Authorities if the delay in getting my signature is considered by the doctor to endanger my child's health and safety.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Signed: Print Name:	Date:



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