

PRIMARY ANNUAL REGISTRATION FORM



All information will be treated as confidential

3rd Class

4th Class

5th Class

6th Class

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**Gorey Youth
Services**

Child's Details

Name		DOB	
Address			

Parent/Guardian Contact Details

	Mother	Father	Emergency Contact
Name			
Address			
Mobile			
Alternative no			

Medical Information

Does your child have any allergies or food Intolerances?	
Does your child have any medical conditions /disabilities that you feel we should be aware of:	
All GYNG staff are first aid trained; do you give permission for First Aid to be administered to your child should it be required?	
Signed:	Relationship:

Collection: (please tick one)

I will collect my child	My child can walk home	Someone else will collect
Name of person collecting child		

Data Protection Permission

I give permission for my child to be photographed in normal weekly activities and the photographs/film to be used as part of the internal or external publicity of GYNG		
	Yes	No
I agree for the information above to be retained by GYNG in a safe secure manner	Yes	No
Signed:	Date:	

Parent/Guardian Consent

I am willing that the above named child can take part in weekly afterschool activities and outings during the school year.			
Signed		Date	