## Bright Eyes REGISTRATION FORM MEDICAL TREATMENT / PRIVACY NOTICE

Child's Full Name:				
Name to be used:				
Date of Birth:		Class:		
Gender:	Religion (if relevant):			
Languages Spoken:				
Names of Parents/Carers:				
Home Address:				
Mobile Number/s:			Landline Number:	
Email Address:				
Emergency/Authorised Person Contact Details:				
Doctor's Name:			Tel:	
Doctor's Address:				
Significant Health Issues:				
Dietary Requirements, Allergies and Significant Food/ Drink Preferences:				
Any Other Relevant Information:				
I hereby consent for my child to policies and procedures. I have agree to abide by them.				
I understand that persistent late	or non-payment of fees w	vill jeopardise my	child's con	tinued attendance at the Club.
I confirm that the information give details change.	ren above is correct, and	promise to conta	act the Mar	nager as soon as any of the
Signature of Parent/Carer:			Da	ate:
Medical Treatment In the event that my child is invomember of staff, to contact me in				
In the event that my child require member of staff, to consent to e I understand that this authorisation	mergency medical treatm	ent on my behalf		
Signature of Boront/Coror:			D	nto:

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## **Privacy Policy**

At Bright Eyes Breakfast Club we respect the privacy of the children attending the Club and the privacy of their parents or carers. The personal information that we collect about you and your child is used only to provide appropriate care for them, maintain our service to you, and communicate with you effectively. Our legal basis for processing the personal information relating to you and your child is so that we can fulfil our contract with you.

Any information that you provide is kept secure. Data that is no longer required\* is erased after your child has ceased attending our Club.

We will use the contact details you give us to contact you via phone, email and post so that we can send you information about your child, our Club and other relevant news, and also so that we can communicate with you regarding payment of our fees.

We will only share personal information about you or your child with another organisation if we:

- · have a safeguarding concern about your child
- are required to by government bodies or law enforcement agencies
- engage a supplier to process data on our behalf (e.g.to take online bookings, or to issue invoices)
- have obtained your prior permission.

You have the right to ask to see the data that we have about yourself or your child, and to ask for any errors to be corrected. We will respond to all such requests within one month. You can also ask for the data to be deleted, but note that:

- we will not be able to continue to care for your child if we do not have sufficient information about them
- even after your child has left our care, we have a statutory duty to retain some types of data for specific periods of time\* so can't delete everything immediately.

If you have a complaint about how we have kept your information secure, or how we have responded to a request to access, update or erase your data, you can refer us to the Information Commissioner's Office (ICO).

Please sign and date below to confirm that you have read this Privacy Notice and that you give your permission for us to contact you regarding relevant matters.

Signed:	Date:			
Name				
Name:				

<sup>\*</sup> We do need to retain certain types of data (such as records of complaints, accidents, and attendance) for set periods of time after your child ceases to be in our care, but we delete as much personal data as we can as soon as possible.