



St Joseph's Catholic Primary School, Gipsy Ln, Bracknell RG12 9AP

PRIHLÁŠKA

Dieťa/ Deti

Meno a Priezvisko

Dátum narodenia

Adresa

Matka

Meno a priezvisko

Telefón

Mobil

E-mail

Otec

Meno a priezvisko

Telefón

Mobil

E-mail

Zdravotné problémy dieťaťa

Kde ste sa o nás dopyčuli?

Cena za stretnutie je £12 za 2 hodiny od 10.00 do 12.00 v určenú sobotu. Platí sa celý trimester a na jeho začiatku. Rok máme rozdelený na 3 trimestre (jesenný, jarný a letný). Presnú sumu dostanete v informačnom liste.

Platobné údaje

Šek môže byť vypísany na (payee to "Slovak Parents in Berkshire").

BACS prevod na nasledovný účet – Sort code: 09-01-27 Account number: 95241133
Reference: Meno dieťaťa/detí.

Hotovosť neprijímame. Ďakujeme za pochopenie.

Podpis Dátum

Correspondence address:

6 St Clements Close
Lower Earley RG 64BT
skolacik2011@gmail.com

Kontakt:

Marcela Benková
07805 203488



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Parent Medical Consent Form

Name of Child

Date of Birth

Parent/ Guardian.....

Address:

.....

Tel (day):

Tel (evening):

Mobile:

e-mail:

Family Doctor

Doctor's Tel No

Does your child suffer from any medical conditions/allergies that the organisation should be aware of (including any current medication):

.....

.....

Please provide details of medication that must be administered:

.....

.....

Emergency contact details: (If different from above)

Name:

Telephone no:

Relationship to child

CONSENT (please read carefully)

I agree to my son/ daughter taking part in the activities of the "LITTLE SCHOLAR".

- I confirm to the best of my knowledge that my son/ daughter does not suffer from any medical condition other than those listed above.
- I consent to my son/ daughter to be administered general first aid treatment for minor injuries or illnesses
- I authorize the Organisers, in the event that I cannot be contacted or if any urgency dictates, to act *in loco parentis* for my son/daughter in respect of any circumstances, including any accident or illness, which may necessitate medical treatment, including surgery, and on my behalf to authorize any such treatment or surgery which they, in their sole discretion, (which discretion shall not be unreasonably exercised), may deem necessary. Medical treatment for my son/daughter may also include dental surgery, x-ray, blood transfusion, anaesthetic and medication provided any such medical treatment is performed by a duly licensed practitioner. I hereby accept full liability for all costs incurred through such medical treatment for my son/daughter.
- I understand that the Organisers accept no responsibility for loss, damage or injury caused by or during attendance on any of the "LITTLE SCHOLAR'S" organised activities except where such loss, damage or injury can be shown to result directly from the negligence of the Organisers.

Signed (Parent/ Guardian) Date:.....

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Consent form for using images of children

Name of the child (children) _____

Name of parent/guardian _____

Occasionally, we may take photographs of the children at our language club. We may use these images on our prospectus or in other printed publications that we produce, as well as on our website or on display boards at our club. From time to time, our club may be visited by the media who will take photographs or film footage of a visiting dignitary or other high profile event. Pupils will often appear in these images, which may appear in local or national newspapers, or on televised news programmes. To comply with the Data Protection Act 1998, we need your permission before we can photograph or make any recordings of your child for promotional purposes. Please answer questions 1 to 4 below, then sign and date the form where shown.

Please circle your answer

1. May we use your child's photograph in the prospectus and other printed publications that we produce for promotional purposes or on display boards? **Yes/ No**
2. May we use your child's image on our website? **Yes / No**
3. May we record your child's image on video or webcam? **Yes / No**
4. Are you happy for your child to appear in the media? **Yes / No**

Please note that websites can be viewed throughout the world and not just in the United Kingdom where UK law applies. Please also note that the conditions for use of these photographs are below.

Conditions of use

1. This form is valid for *five years from the date you sign it, or for the period of time your child attends this club / *for this project only. The consent will automatically expire after this time.
2. We will not re-use any photographs or recordings *after your child leaves this club/*after the project is completed.
3. We will not use the personal details or full names (which means first name **and** surname) of any child or adult in a photographic image on video, on our website, in our school prospectus or in any of our other printed publications without good reason. For example, we may include the full name of a pupil in a newsletter to parents if the pupil has won an award.
4. If we name a pupil in the text, we will not use a photograph of that child to accompany the article without good reason. (See point 3 above.)
5. We will not include personal e-mail or postal addresses, or telephone or fax numbers on video, on our website, in our prospectus or in other printed publications.
6. We may include pictures of pupils and teachers that have been drawn by the pupils.
7. We may use group or class photographs or footage with very general labels, such as "a science lesson" or "making Christmas decorations".
8. We will only use images of pupils who are suitably dressed, to reduce the risk of such images being used inappropriately.

Please note that the press are exempt from the Data Protection Act and may want to include the names and personal details of children and adults in the media.

** Please delete the option that does not apply.*

I have read and understood the conditions of use.

Parent's/guardian's signature: _____

Date: _____ **Name (in block capitals):** _____

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