



Registration form

Date:

1. CHILD DETAILS	
Childs Full Name:	Religion:
Childs preferred first name:	
Date of birth:	Ethnicity:
Male/Female	
Address:	Language:
Post Code:	Disability:

2. PARENT/LEGAL GUARDIAN DETAILS	
1) <u>Parent/Legal guardian Details</u>	2) <u>Parent/Legal guardian Details</u>
Parental responsibility Yes/No	Parental responsibility Yes/No
Legal responsibility Yes/No	Legal responsibility Yes/No
Does the child live with this parent? Yes/No	Does the child live with this parent? Yes/No
Miss/Mrs/Mr:	Miss/Mrs/Mr:
Relationship to child:	Relationship to child:
Date of birth:	Date of birth:
Address:	Address:
Post code:	Post code:
Phone No (Home)	Phone No (Home)
Phone No (Mobile)	Phone No (Mobile)
Phone No (Work)	Phone No (Work)
Occupation:	Occupation:
National Insurance Number:	National Insurance Number:
Email:	Email:

3. EMERGENCY CONTACT DETAILS

1) Emergency Contact (other than parents)

Name:

Address:

Post code:

Relationship:

Phone No (Home)

Phone No (Mobile)

Phone No (Work)

2) Emergency Contact (other than parents)

Name:

Address:

Post code:

Relationship:

Phone No (Home)

Phone No (Mobile)

Phone No (Work)

WHO WILL COLLECT YOUR CHILD

1) Name:

Relationship:

2) Name:

Relationship:

4. AUTHROISED COLLECTION

This section is for anyone who has not been previously named above as a regular person collecting your child. All other persons collecting your child that have not been named will be required to provide a password and telephone consent may be required if the Holiday Club has not already been notified.

- Any persons authorised to collect must be over the age of 16.
- We will need to be informed prior to collection via telephone, email or in person.
- We require you to provide a password that the person collecting will know.
- Written authorisation must be provided if this person will be collecting on a regular basis.

PASSWORD:

5. MEDICAL DETAILS

Doctors Name:	
Doctors Address:	
Post code:	
Doctors phone No:	

6. YOUR CHILDS HEALTH

<u>Previous Illnesses</u>	<u>Immunisation</u>
Chicken pox Yes/No	BCG Yes/No
Measles Yes/No	Diphtheria Yes/No
German Measles Yes/No	Hib Yes/No
Scarlet FeverYes/No	MMR Yes/No
Whooping Cough Yes/No	Meningitis CYes/No
Polio Yes/No	Polio Yes/No
	Tetanus Yes/No
	Whooping CoughYes/No
Any other medical condition that the Holiday Club should be aware of Yes/No	Is your child up- to-date with all other immunisations Yes/No
If <u>YES</u> please provide details:	Please state any additional immunisations that your child has received:

7. DIETARY/ ALLERGY

Does your child have a Dietary Requirements: Yes/No (If YES please provide details):

Allergies: Yes/No (If YES please answer the questions below)

- **Name of food of substance that your child is allergic to:**

- **What are the symptoms?**

- **How soon do the symptoms show?**

- **What recovery action is taken?**

- **Has medication been prescribed by the child's doctor?**

- **What specific medication are you putting into the care of the Holiday Club?**

- **Is the allergy life threatening? YES/NO**

- **If so, what emergency medication is administered?**

9. Is there any other information that we should know about your child? (please continue on a separate sheet if required)

	MORNING	AFTERNOON
Monday	7.45 AM – 12.45 AM <input type="checkbox"/>	12.45 PM – 5.45 PM <input type="checkbox"/>
Tuesday	7.45 AM – 12.45 AM <input type="checkbox"/>	12.45 PM – 5.45 PM <input type="checkbox"/>
Wednesday	7.45 AM – 12.45 AM <input type="checkbox"/>	12.45 PM – 5.45 PM <input type="checkbox"/>
Thursday	7.45 AM – 12.45 AM <input type="checkbox"/>	12.45 PM – 5.45 PM <input type="checkbox"/>
Friday	7.45 AM – 12.45 AM <input type="checkbox"/>	12.45 PM – 5.45 PM <input type="checkbox"/>

I hereby declare that the information provided on the registration form is accurate and to the best of my knowledge at the time of signing.

Parent/Guardian signature: _____

Print Name: _____ Date: _____

<u>CONSENT FORM</u>	
Do you give consent for your child to receive medication providing you give information about the medicine, dosage, times to be taken and sign our medication form on the day medication is required.	<i>(Please Circle)</i> YES/NO
Are there any allergic reactions to any medication that is given to your child? If there are reactions please describe them in the allergy section on the registration form.	YES/NO
Do you give consent for the staff to administer Calpol/ paracetamol based products to your child in the case of a raised temperature, after verbal telephone consent is given	YES/NO
Do you consent for our staff to administer piriton/antihistamine to your child in the case of a hay fever or an allergic reaction?	YES/NO
Do you allow your child to be taken to hospital for emergency treatment (every effort will be made to contact the parent/guardian)	YES/NO
Do you allow your child to have First Aid treatment administered by our staff?	YES/NO
Do you give permission for our staff to use medicated wipes and plasters if necessary?	YES/NO
Do you give consent for our staff to apply sun cream to your child?	YES/NO
Do you allow your child to take part in outings by transport or on foot accompanied and supervised by our staff? (planned/unplanned) i.e. local park/shops/library etc. For any major outings, we will inform you and ask for your consent.	YES/NO
Do you give consent for your Childs photos to be displayed within the holiday club i.e. display boards, coat pegs etc	YES/NO
Do you allow photos of your child, individual or in a group to be used in our promotional material, on our website, social media and any other form we feel fit.	YES/NO
Do you give permission for our staff to take photographs of your child for use within the Holiday Club? This may include pictures of other children they attend the club with which may be sent home with the children about their friends.	YES/NO
Do you allow your child's photos and videos to be posted on our Facebook Page.	YES/NO
Do you understand that our Facebook Page and website are accessible to the public?	YES/NO

<p>I give consent for the Holiday Club to record CCTV images throughout the setting. <i>Please note we are unable to remove this system therefore without consent your child will be unable to attend. Please see our data protection policy for more information regarding CCTV on the premises.</i></p>	<p>YES/NO</p>
<p>I give consent for staff to apply face paint supplied by the Holiday Club in accordance with manufacturer's instructions.</p>	<p>YES/NO</p>
<p>I give consent for my Childs work e.g. artwork e.t.c. to be displayed in the Holiday Club with their name.</p>	<p>YES/NO</p>
<p>I give consent for my child to participate in activities which involve small animals.</p>	<p>YES/NO</p>
<p>Do you understand that the Holiday Club cannot accept any responsibility for accidents to children caused by inappropriate footwear?</p>	<p>YES/NO</p>
<p>I agree to give pay a week in advance to confirm my booking.</p>	<p>YES/NO</p>
<p>I agree to pay for any late pick-ups at the end of my Childs session, £5 every quarter hour or part of.</p>	<p>YES/NO</p>
<p style="text-align: center;">Childs Full Name: _____</p> <p style="text-align: center;">Signed: _____ Date: _____</p> <p style="text-align: center;">Print Name: _____</p>	