



REGISTRATION FORM

Information & permission

Child's Information

Child's full name: Preferred name:

Date of Birth:

Home Address

.....

Tel:email:

Nationality.....Religion.....

Main language used.....

Parent's Information

1. Name of parent / carer.....

Address if different from above:

Home Tel: Mob.....

Place of work: Tel:email.....

2. Name of parent / carer.....

Address if different from above:

Home Tel: Mob.....

Place of work: Tel: email.....

Alternative emergency contact (*please include name and a contact tel no*):

1.Relationship.....

2.Relationship.....

3.Relationship.....

Who has parental responsibility for the child?

Names of any people who have been given the legal right to have contact with this child, by a court (if applicable).....



Medical Information

Child's doctor: Tel:

Doctor's address:

Health matters the setting should be aware of:

.....

Any known allergies, medication needed:

.....

.....

Dietary requirements/preferences:

.....

Child's Medical number.....

In the event that my child is involved in a serious incident while at FUN CLUB, I expect the Manager or a delegated member of staff, to contact me immediately on the above contact number.

In the event that my child requires immediate medical treatment up to and including surgery before I am able to get to the Hospital, I hereby authorise the Manager or delegated member of staff, to seek emergency treatment on my behalf.

I understand that this authorisation will remain valid unless I contact the manager to withdraw it.

Signature of parent/carer:.....Date.....

Permissions

I give permission for my child (named overleaf) to be transported by car or minibus if applicable

Signed..... Date.....

I give permission for staff at FUN CLUB to apply sunscreen supplied by me/FKC to my child (named overleaf)

Signed: Date:

I give permission for my child's photo to be taken at Fun Kids Club and used on the school website and displays within the FUN CLUB building. I understand that children will not be identified in any such pictures used on the school website.

Signed: Date:

I give my permission for my child to be collected by any of the contacts listed as contacts.

Signed..... .Date.....

I give my permission for my child to partake in the following activities (please tick the activities) all activities are closely supervised.



- | | | | | | | | |
|----------------|--------------------------|----------------|--------------------------|---------------|--------------------------|--------------|--------------------------|
| Off site trips | <input type="checkbox"/> | Stream walking | <input type="checkbox"/> | Tree climbing | <input type="checkbox"/> | Woodwork | <input type="checkbox"/> |
| Fishing | <input type="checkbox"/> | Paddling pool | <input type="checkbox"/> | Sewing | <input type="checkbox"/> | Nail varnish | <input type="checkbox"/> |
| Face paints | <input type="checkbox"/> | Crafts | <input type="checkbox"/> | Cooking | <input type="checkbox"/> | Fire pit | <input type="checkbox"/> |
| BBQ/Bonfires | <input type="checkbox"/> | Swimming | <input type="checkbox"/> | DVD | <input type="checkbox"/> | | |

I am aware of the Fun Kids Club policies including the complaints procedure and understand that I am able to read these at anytime.

Signed.....Date.....

I hereby consent for my child to take up a place at the FUN CLUB, according to the terms and conditions set out in. I have understood the expectations and obligations relating to both myself and the FUN CLUB, and agree to abide by them.

I understand that persistent late or non payment of fees will jeopardise my child's continued attendance at the FUN CLUB.

I confirm that the information given is correct, and I promise to contact the FUN CLUB as soon as any of the details change.

Signature of parent/carer:.....Date.....