



# REGISTRATION FORM

All children who attend this club must be registered with us. Children will remain at the club until collected and signed for by a named adult.

## Private & Confidential Information

Child's name (in full) \_\_\_\_\_

Boy  Girl

Date of birth \_\_\_\_\_

School:

- ST BARNARBAS
- ASHLEIGH
- ST PETERS
- ST PAULS

- SUDELL
- ST JAMES
- ST JOSEPHS
- HOLY TRINITY

Address \_\_\_\_\_

Name of parent (s) (or carer)

Which Parent does your child live with: \_\_\_\_\_

Who has Parental Responsibility for the child: \_\_\_\_\_

Who has legal contact with the child: \_\_\_\_\_

Telephone numbers: Daytime \_\_\_\_\_ Evening \_\_\_\_\_ Mobile \_\_\_\_\_

Name & address of person collecting child from club if different from the above, or second contact who may be able to collect the child in a emergency.

\_\_\_\_\_

Telephone numbers: Daytime \_\_\_\_\_ Evening \_\_\_\_\_ Mobile \_\_\_\_\_

Name & address of person collecting child from club if different from the above, or second contact who may be able to collect the child in an emergency.

\_\_\_\_\_

Telephone numbers: Daytime \_\_\_\_\_ Evening \_\_\_\_\_ Mobile \_\_\_\_\_

Details of child's doctor: Address & telephone numbers \_\_\_\_\_

Details of child's immunisation record (Up to date/not up to date.) \_\_\_\_\_

Special dietary/cultural /medical requirements or known allergies (i.e. nut allergy)? (Please list)

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On which days will your child attend the club? (Please tick)

Before School Club	Monday	Tuesday	Wednesday	Thursday	Friday
After School:	Monday	Tuesday	Wednesday	Thursday	Friday
Holidays:	Monday	Tuesday	Wednesday	Thursday	Friday

When would you like your child to start at the club? \_\_\_\_\_

Ethnic Origin:

- |   |                                  |                                    |
|---|----------------------------------|------------------------------------|
| <input type="checkbox"/> White European | <input type="checkbox"/> Indian  | <input type="checkbox"/> Caribbean |
| <input type="checkbox"/> African        | <input type="checkbox"/> Chinese | <input type="checkbox"/> Pakistani |
| <input type="checkbox"/> Bangladeshi    | <input type="checkbox"/> Black   | <input type="checkbox"/> Other     |

Any other information (i.e. child's 1st language) \_\_\_\_\_

I give my consent for: (Please tick for Yes)

My child to play outdoors and be involved in any trip taken off the Kids Club premises

Any emergency treatment to be given and for plasters to be applied during times of the club taking place

Any member of staff to sign any written form of consent required by the hospital. If there is a delay in getting my signature and my child's health and safety is at risk.

Any member of staff to apply sunscreen (provided from home and clearly labelled with child's name if preferred)

My child to be involved in face painting and hair colours.

Photographs to be taken for display purposes within the club

My child to leave the provision at the end of the session without adult supervision

My child to travel in club vehicles

My child to be involved in cooking activities

I have read and understood the terms and conditions of Kidsland Limited and I agree to follow its policies and procedures. I confirm that all sessions booked must be paid for in advance, and failure to do so may result in the loss of the child's place at the club. There can be no refunds in case of absence.

Signature of Parent/Carer ..... Date .....

Thank you for choosing Kidsland Limited.