



Kids Club Registration Form



Child Details			
First Name		Home Address	
Surname			
Date of Birth		Postcode	

Parent / Contact 1	
First Name	
Surname	
Date of Birth	
Home Address inc postcode <small>(if different from above)</small>	
Telephone (home)	
Mobile	
Email Address	
Telephone (work)	
Employer's Name and Address	

Parent / Contact 2	
First Name	
Surname	
Date of Birth	
Home Address inc postcode <small>(if different from above)</small>	
Telephone (home)	
Mobile	
Email Address	
Telephone (work)	
Employer's Name and Address	

Emergency Contact 3	
First Name	
Surname	
Relationship to Child	
Home Phone	
Mobile	

Emergency Contact 4	
First Name	
Surname	
Relationship to Child	
Home Phone	
Mobile	

It is essential that all contact details are completed and that in case of an emergency we will be able to contact someone.

Below are the named people who have my/our consent to collect my/our child in addition to me/us. If possible please provide their photo. We **will not** allow your child to leave with anyone who is not listed below.

1.
2.
3.

Our password will be:

Does your child have any special dietary/physical/educational needs? Yes / No

if yes, please give details below

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.....

What ethnicity is your child?

What religion is your child?

Does your child have any special religious needs? Yes / No

if Yes, please give details below

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Does your child have any allergies/intolerances? Yes / No

if yes, please give details below

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Does your child have any medical problems, eg. asthma, eczema, etc and/or are they taking any regular medication? Yes/No

if yes, please give details below

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I/We consent to the employees of Kids Club:-

Please tick
to show your
consent

Taking my child on walks around the local area	
Sharing/collecting information with/from St Andrew's Infant/ Junior School	
Taking photos and/or video of my child for use in and around Kids Club	
Using my child's photograph in marketing material eg school website	
Administering medicine to my child as detailed on the MEDICATION FORM	
Applying a plaster to my child should the need arise	
Contacting my child's Doctor, as detailed below, should the need arise	
In the event of an accident or an emergency for a trained first aider or medical practitioner to seek necessary emergency medical advice or to administer any emergency treatment that my child requires	

Name of Doctor	
Surgery	
Address	
Tel No.	

I certify that the information given above is true and correct

Signed Parent/Carer **Date.....**