**Password:……………………………………**

**Out of School Club Registration Form**

**Basic Details**

**Child’s Full Name**: ……………………………………………………………………………….. **D.O.B** …………………………………

**Address**: ……………………………………………………………………………………………………………………………………………… ……………………………………………………………………………… **Postcode**: ……………………………………………………….

**Gender: Male Female Ethnic Origin: ………………………………………………**

**Religion: ……………………………………………………………**

**Contacts**

***1st Contact*:**

**Name:………………………………………………………………………… Relationship to child…………………………………**

**Home Tel:.................................................................... Mobile:………………………………………………………**

**Work Tel:..................................................................... E-mail: ………………………………………………………**

***2nd Contact*:**

**Name:………………………………………………………………………… Relationship to child…………………………………**

**Home Tel:.................................................................... Mobile:………………………………………………………**

**Work Tel:..................................................................... E-mail: ………………………………………………………**

***Emergency Contacts***

**Name:………………………………………………………………………… Relationship to child…………………………………**

**Contact number:…………………………………………………………**

**Medical**

**Doctors Name: ………………………………………………………………………………………… Tel:........................................**

**Medical Conditions: ………………………………………………………………………………………………………………………………..**

**Please specify any special dietary requirements: …………………………………………………………………………………….**

**Allergies: …………………………………………………………………………………………………………………………………………………**

**Consents**

Some of the activities may involve taking the children outside of the school premises, for example walks to the park. If you would like your child to participate in these activities you must give your permission. Please complete the following:

I/We agree to my child taking part in the activities outside of the school premises.

YES NO

In the event of an medical emergency, the staff may provide medical treatment or seek medical advice when necessary. It may also be necessary to escort your child to seek medical attention, if required due to an emergency, the staff may authorise medical treatment.

I/We agree to the above statement YES NO

I/We give consent for the staff to administer the correct dosage of Calpol or Piriton if my child requires it due to illness or allergic reactions. If we administer medication parents will be informed soon after.

YES NO

I/We give consent for photographs or videos to be taken of my child to be used in displays around the setting and in the children’s development records. These photographs will not be used for any other purpose without your written permission.

YES NO

The password provided will be used in the event that somebody that is not known to the staff collects a child. They will be asked to provide the staff with the password before a child is allowed to leave the premises.

**Please notify us immediately of any change to the information provided**.

By signing below, you are confirming that:

1. This application form has been completed to the best of your knowledge.
2. You have read and agree to abide by the terms and conditions and policies and procedures of the Out of School Club.
3. You agree that you are liable to pay the fees in accordance with the payment terms.

Parent(s) Signature(s) ………………………………………………………………………… Date: …………………………………………..

Staff Signature: ………………………………………………………………………………….. Date: …………………………………………..