

## KIDS CLUB, PROBUS - REGISTRATION FORM

Name of Child.....

Date of Birth.....

School Attended.....

Address.....

.....Postcode.....

Home Tel No.....

Contact Tel No.....

Email Address.....

Collection Password to be used.....

( Please give this word to whoever you have arranged to collect your child when you are unable. Staff will then know that the person with the word has your consent to collect your child.)

### Mother/Guardian Details

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.....

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Tel Daytime.....

Mobile.....

Tel Evening.....

Place of Work.....

Emergency contacts.....

.....

(We require three contacts in case of emergency/non-collection/illness.)

Please specify if anyone in particular should not have access to your child .....

.....

Child's Doctors Name.....

Address.....

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Tel No.....

### Father/Guardian Details

.....

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.....

.....

Tel Daytime.....

Mobile.....

Tel Evening.....

Place of Work.....

Does your child suffer from any medical conditions or allergies that we need to be aware of? .....

.....

Does your child have any special Diets? .....

.....

Does your child have any Special Needs? .....

.....

Please tick in the boxes to give your consent to each item and sign at the bottom of the form:- Travel

Consent:- I give permission for my child to be collected from school and taken to the After School Club.

[    ]

Photograph Consent:- I give permission for my child to have his/her photograph taken whilst at the club; these photographs will be displayed at the club or used on the school website.

[    ]

Sun cream:- I give permission for my child to have sun cream lotion applied whilst at the club.

[    ]

Minor accidents may happen whilst your child is at the club; these will be dealt with by the qualified first aider. Should there be an emergency or more serious accident whilst at the club or on a trip, the person in charge will make every effort to inform you as soon as possible, but they may have to accompany your child to hospital, in your absence:-

I give permission for the person in charge or their deputy to accompany my child to hospital and to authorise hospital staff to administer essential treatment until I arrive.

[    ]

My child is not allergic to plasters; if my child needs a plaster I give consent for it to be applied.

[    ]

I hold religious/cultural beliefs (e.g. Jehovah Witness) which would prevent my child from receiving medical treatment. Please state.....

[    ]

Children can bring toys/games to the club, but the safe keeping of personal belongings is the child's responsibility. The After School Club accept no liability for the loss, theft or damage to a child's personal belongings.

[    ]

Ethnic origin (please circle) – for monitoring purposes

White-Cornish    Other White British    White- Irish    Black African    White & Black Caribbean    Black Caribbean    White & Black African    White & Asian    Any other mixed background  
Chinese    Gypsy/Roma    Any other White Background    Indian    Pakistani    Bangladeshi

Any Other Information .....

I agree that Probus C.P. School's After School Club may hold the information I have given for the purposes of managing the provision and undertake to advise Probus C. P. School of any changes to these details. I understand that this information will be available to employees and the management committee of Probus C. P. School and I may inspect the information relating to my child giving reasonable notice to the Play Leader.

Signed.....

Date.....