|  |  |
| --- | --- |
|  | Benhilton |
|  | 8thM |
|  | Malmesbury |
|  | Holiday Club |

Office Use:

Start Date:

Deposit: Pd:

£\_\_\_\_\_\_\_

Rcpt No:



**KIDSZONE OUT OF SCHOOL CLUB**

**REGISTRATION FORM**

All children who attend the Club must be registered with us. Please complete this form in BLOCK CAPITALS and tell us of any changes to information immediately.

Places are limited. Please return this form as soon as possible to avoid disappointment.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PERSONAL INFORMATION** | | | | | | | | | | |
| Child’s Full Name |  | | | | | | | | | |
| **Home Address** |  | | | | | | | | | |
| Sessions*(Please tick as applicable)* | Mon Tues Weds Thurs Fri | | | | | | | | | |
| **‘Early Birds’ 7:30am Benhilton Only** |  |  |  |  |  |  |  |  |  |  |
| **‘Early Birds’ 8:00am**  **Benhilton Only** |  |  |  |  |  |  |  |  |  |  |
| **After School** |  |  |  |  |  |  |  |  |  |  |
| **Ad Hoc** |  |  |  |  |  |  |  |  |  |  |
| **School Attended** |  | | | | | | | | | |
| **Date Of Birth** |  | | | | | **Sex:** | | | | |
| **Name Of Parent(s) / Carer(s)** | **1.** | | | | | **2.** | | | | |
| **Address**  ***(If different from home address above)*** |  | | | | |  | | | | |
| **Contact Details** | **Home:**  **Mobile:**  **Work:**  **Email:** | | | | | **Home:**  **Mobile:**  **Work:**  **Email:** | | | | |
| **Workplace Name & Address** |  | | | | |  | | | | |
| Child’s Siblings | **Date of birth** | | | | | **School/Nursery** | | | | |
|  |  | | | | |  | | | | |
|  |  | | | | |  | | | | |
|  |  | | | | |  | | | | |
| **Language(s) spoken at home: Religion:** | | | | | | | | | | |

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| **COLLECTION INFORMATION** | | |
| **Name and address of person(s) who will collect child from the club if**  **different from above.** *(Children may only be collected by named persons)* | **1.** | **2.** |
| Telephone Numbers | **Home:**  **Mobile:**  **Work:** | **Home:**  **Mobile:**  **Work:** |
| **Name & Address of another person who can be contacted in case of an emergency.** |  | |
| **Telephone Numbers** | **Home: Mobile:** | **Work:** |

|  |  |
| --- | --- |
| **MEDICAL INFORMATION** | |
| **Name & Address of Doctor** |  |
| **Telephone number** |  |
| **Does your child suffer from any allergies?** |  |
| **Does your child suffer from any medical condition e.g. asthma?** |  |
| **Does your child take regular medication?** |  |
| **Are there any foods which your child should not be given?** |  |
| **If yes to any of the above please request and complete a Medical Action form.** | |
| **Please add any additional information about your child that you feel we should know and may be helpful in our care of him/her.** | |

**PROSPECTUS & HANDBOOK**

**I acknowledge receipt of the club’s ‘Prospectus & Handbook’ and understand the policies and procedures contained within it.**

**PARENT’S/CARER’S CONTRACT**

**I acknowledge receipt of the club’s ‘Parent’s/Carer’s Contract’ and understand the obligations contained within it.**

|  |  |
| --- | --- |
| **Signature:** | **Date:** |

All information will be kept confidential in line with our **Data Protection Policy** and our **Privacy Notice**



**KIDSZONE OUT OF SCHOOL CLUB**

**PARENTAL CONSENT DECLARATION**

|  |  |  |
| --- | --- | --- |
| **CHILD’S FULL NAME:** | | **Please initial to confirm you have**  **read and agree** |
| **OFFSITE VISITS**  **Some of the routine activities of the club may involve visiting parks or short trips within the local area. For your child to take part in these activities you must give your permission.**  **I give permission for my child to take part in these activities and go offsite when accompanied by club staff.** | |  |
| **EMERGENCY MEDICAL TREATMENT**  **In the event of an emergency, I hereby authorise the staff of the club to arrange for my child to have medical treatment.** | |  |
| **CHANGING YOUR CHILD’S CLOTHES**  **In the event that my child gets mucky or has a mishap which requires them to need their clothing changed, I hereby authorise the staff of the club to assist my child, if required, including underwear.** | |  |
| **PHOTO CONSENT**  *(We will not include contact details or names with an image.)*  **I understand that the club may take photographs of my child to help promote the club’s services. This form is valid for five years from the date of signing. I permit the club to:**  *(Please tick as applicable.)*  **Display the photographs on the club premises**  **Display the photographs at publicity events off-site**  **Use the photographs in any printed publications produced by club**  **Circulate the photographs to local newspapers**  **Display images on the club’s Facebook Group page/ website**  *Please note that websites can be viewed throughout the world, not just in the United Kingdom where UK law applies.*  **I do not permit the club to display any photographs of my child** | |  |
| **Signature:** | **Date:** | |

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