



Child's First Name Age

Child's Last name Boy/Girl

School Child attends.....

Date of Birth ____ / ____ / ____ Nationality Religion

Home Address

.....

Postcode.....

Mother's Full Name

Telephone number (home) Mobile

Employer's name/Company.....

Work Address.....

.....

Postcode.....

Work Telephone number.....

Father's Full Name

Telephone number (home) Mobile

Employer's name/Company.....

Work Address.....

.....

Postcode.....

Work Telephone number.....

Emergency Contact (not parent/guardian)

Name Telephone number

Relationship to child

Doctor's Name

Surgery Address

Telephone Number

Known Allergies

Medical Conditions

Regular Medication

Special Dietary Requirements

Are there any particular dislikes we should be aware of?

Please tick sessions required

	Breakfast Club	After School 3pm – 6.00pm	Holiday Club 8.30am-6.00pm
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

I would like to register my child to start on In addition, have shown proof of address and birth certificate.

I have read Waterside Out of School Clubs CIC terms and conditions and agree to comply with them.

I **do/do not** give permission for my child to be taken on outings by foot, in ratios of 1 adult to 4 children.

I give permission for the following people to collect my child:

.....

Password for collection (middle name/nick name etc.):

I give permission for my child to receive emergency medical treatment. My child is/is not allergic to any of the contents of the club medical box. Parent/Guardian signature.....

I enclose a non-refundable administration fee of £25 (please make cheques payable to Waterside Out of School Clubs CIC.), and a copy of my child's birth certificate and proof of my address.

Signature of Parent/Guardian Date

I give permission for Waterside Out of School Clubs CIC staff and training staff to observe my child at times for Curriculum Development. Photographic evidence can be used for displays and planning.

Signature of Parent/Guardian Date

I give permission for Waterside Out of School Clubs CIC staff to use photographs for publicity and advertising purposes.

Signature of Parent/Guardian..... Date.....

I give permission for Waterside Out of School Clubs CIC to correspond with my Childs School, concerning their school activities, their well-being, EYFS and any additional support they may need.

Signature of Parent/Guardian..... Date.....