Registration Form

**All children who attend must be registered with the club(s).**

**1 form per child please. Please note ASC and HC phone numbers are: 07434422797 and in-school hours 01934 427130.**

Childs Full Name

Child’s preferred name Class

Club(s) you would like child to attend (please tick box)

Holiday Club Afterschool club

Date of birth

Email Address

Home Address

Home Telephone No.

Daytime Telephone No.

Parent/Carer name(s)

Name(s) and relationship to child

Who does the child

live with?

Name(s), relationship to child and tel no.

All Person(s) permitted to

collect child in an

emergency:

Password in case you

(the Parent/Carer) are

unable to collect your child:

Who has parental

responsibility for child

(all names)?

Who has legal contact

with child?

***Please continue on other side***

Childs Doctors name

Surgery name and address

Surgery tel number

**Does your child have one-to-one support in school? YES / NO**

**Does your child have any known disabilities? YES / NO**

Details:

Additional information - i.e. special diets, allergies, health problems or anything else staff at the club should know about your child

I/We give permission for photographs of my child to be taken and used for the following purposes: Online media/press, printed media i.e, newspapers, leaflets. XTND, Bournville and Windwhistle websites and social media networks to communicate, promote and celebrate our work.

***(please sign)***

Permission for your child to take part in all food tasting and cooking activities

***(please sign)***

I /We consent to my child receiving medical treatment in an emergency

***(please sign*)**

I/We understand that the out of school clubs cannot accept responsibility for children’s possessions / valuables whilst they are attending the club.

(***please sign)***

Parent/Carers

full name

Signature

Date

**THE ABOVE CONSENTS WILL APPLY THROUGHOUT AND BE FOR AN INDEFINATE PERIOD UNLESS OTHERWISE NOTIFIED DIRECTLY TO US BY YOURSELF.**