

Sessions to attend (✓)

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Child's Details

Child's Name (in full):- <<answer>>

Name to be used at club:- <<answer>>

Date of birth: <<answer>>

Gender <<answer>>

Child's home address <<answer>>

<<answer>>

<<answer>>

Postcode: <<answer>>

Name of child's Teacher <<answer>>

Name of parent or main carer <<answer>>

Place of Work:- <<answer>>

Does this person have parental responsibility for the child? (✓) Yes No

Does this person have legal contact with the child? (✓) Yes No

Address (if different from above) <<answer>>

<<answer>>

Postcode:- <<answer>>

<<answer>>

Telephone no. <<answer>>

Daytime Phone No. <<answer>>



Name of second parent or carer

<<answer>>

Does this person have parental responsibility for the child? (✓)

Yes No

Does this person have legal contact with the child? (✓)

Yes No

Address if different from above <<answer>>

<<answer>>

<<answer>>

Postcode <<answer>>

Telephone no. <<answer>>

Daytime Phone No. <<answer>>

Emergency Contact

<<answer>>

Name <<answer>>

Telephone number <<answer>>

I authorise this person to collect my child from club

Signed by parent/carer:-



<<signature>>

Name of child's doctor:- <<answer>>

Telephone number:- <<answer>>

Address:- <<answer>>

<<answer>>

Postcode:- <<answer>>

Does your child have any specific health requirements? (✓)
If yes, provide details:-

Yes No

<<answer>>

Does your child have any specific dietary needs (✓)
(E.g. food allergies, likes and dislikes, cultural preferences)

Yes No

If yes, provide details:-

<<answer>>



Does your child have any specific requirements? (✓)
(E.g. IEP behaviour plan, physical or medical impairments)

Yes No

If yes, provide details:-

<<answer>>

Please provide any other information that you feel might be important, including reaction to allergy and any additional needs not mentioned above:-

<<answer>>

Please tick (✓) which of the following
your child has been immunised against:

Diphtheria

Polio

Mumps

Measles

Meningitis

Whooping cough

Hib

Rubella

Tetanus

I consent to my child having prescribed medicines administered
when I have completed the appropriate permission forms.

(✓) Yes No

I consent to my child having their photograph taken
for use in the setting and for publicity

(✓) Yes No

I consent to my child participating in face painting activities

(✓) Yes No

I consent to my child having sun screen applied as required

(✓) Yes No

I consent to my child watching U and PG certificate DVDs

(✓) Yes No

I understand that these consents will remain valid unless I contact the setting to withdraw them.

By signing this agreement, I agree to the behaviour and safety guidance
given within our information leaflet.

Signed by parent/carer:



<<signature>>