

**NEWTON LONGVILLE OUT OF SCHOOL CLUB
REGISTRATION FORM
CONFIDENTIAL**

PERSONAL DETAILS

Child's Name:.....

Preferred Name:.....

.....

Date of Birth:..... Boy/Girl:

.....

School attended and class:

Parent's/Guardian's Names:

(1):

(2):.....

Address:

.....

.....

Home telephone number:

Work Telephone No (1):

Work Telephone No (2):

Doctor's Name/Address:

Doctor's Telephone No:

Does your child take medication? Yes/No

If yes, please complete medication form.

Any other medical information?

.....

Emergency Contact:

Details of person who may be able to collect your child in an emergency if you are unavailable.

Name.....

Telephone number(s).....

Address:

.....

Religion:

Any religious festivals you do not wish your child to participate in?

.....

Individual needs (including medical, physical, dietary etc):

Please give details of any special needs your child has. This is so that we can plan our activities and meals around the needs of all the children attending the Club. Please include medical conditions, allergies, behavioural needs, disabilities or anything else you feel the staff should know.

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 Are there any childcare professionals connected with your child's health and wellbeing? (eg occupational Therapist, Social work)? :

Names of people allowed to collect your child from the club:

Name:

Name:

Name:

Secret password:

Please give this password to people you authorise to pick up your child when you are unable to. They will be asked to provide the password before taking your child from the club.

PERMISSION FOR EMERGENCY TREATMENT

I consent to any emergency medical treatment necessary during the running of the club. I authorise the club staff to sign any written form of consent required by the hospital authorities if the delay in getting my signature is considered by the doctor to endanger my child's health and safety.

Yes No

Signed Date

Name:

ATTENDENCE: Please indicate the days you would like your child to attend.

DAY	Breakfast Club	After school Club	Holiday Club
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

Please indicate preferred start date:.....

PERMISSION FOR SHORT TRIPS

Some of the routine activities of the club may involve short trips, walks around the village etc. For your child to take part, you must give your permission.

I agree to my child taking part in the activities.

Yes No

Signed Date

Name:

PERMISSION FOR PROMOTIONAL PHOTOGRAPHS

During the year, photographs and video recordings may be made within the club and may be used in promotional material. To include your child in photographs and video recordings, you must give your permission.

I agree to my child being involved in any promotional photographs/video recordings

Yes No

Signed Date.

Name:

PERMISSION TO WATCH U CERTIFICATE VIDEOS/DVDS

During their time at our clubs, your child may have the opportunity to watch videos/DVD's. In order for them to watch these, you must give your permission

I agree to my child watching DVD's/videos.

Yes No

Signed Date.

Name:

PERMISSION TO EAT HIGH SUGAR FOODS

On certain occasions (i.e. parties and special occasions etc) we may choose to provide the children with food that has a high sugar content, i.e. sweets, ice cream etc. If you have any objections or comments to make regarding giving your child high sugar content foods, please indicate below:

I agree to my child being given high sugar content foods.

Yes No

Signed Date.

Name:

Further comments
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.....
.....
.....
.....

I/we agree to:

- Give up to date information about my child/children including change of emergency contact information
- Pay fees for booked dates
- Collect my child by 6pm
- Notify staff if any other adult other than myself is to pick up my child
- Abide by the rules and regulations of the club

Parent/Carer 1

Parent/Carer 2

Signed.....Date.....

SignedDate.....

Name.....

Name

Additional Information

In order to meet your child's needs as best we can, please answer the following as fully as possible:

Has your child been given an official diagnosis in respect of his/her needs?

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What outcomes would you like your child to gain from the club?

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Has your child ever been to an after school/holiday club before?

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.....

What activities does s/he enjoy?

.....
.....

What activities does s/he dislike?

.....
.....

Is there anything s/he is afraid of?

.....
.....

Is there anything that is likely to upset him/her?

.....
.....

If your child is upset, what will normally calm him/her down?

.....
.....

Is your child being cared for by mother father both Other - please specify

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In order to meet your child's needs as best we can, please tell us if any of the following apply:

- Needs help/reminding re the toilet
- Is likely to run off
- Finds it difficult to get along with other children
- Finds it hard to follow instructions
- Has ever had an epileptic fit
- Needs help with feeding
- Needs help to organise him-self
- Uses a wheelchair