

## Registration Form

### Child's Details

Date of Registration:

|                                |  |                               |
|--------------------------------|--|-------------------------------|
| First name:                    | Surname:   | What s/he likes to be called: |
| Date of birth and current age: | School attended: West Wycombe<br>First language: | Name of key person:           |

### Parent/Guardian details

| Title:  | First name:    | Surname      | Title:  | First name:    | Surname      |
|---|----------------|--------------|---|----------------|--------------|
| Home address:   |                |              | Home address (if different):                            |                |              |
| Does this child normally live at this address? Yes / No       |                |              | Does this child normally live at this address? Yes / No |                |              |
| Work address:   |                |              | Work address:   |                |              |
| Home number:  | Mobile number: | Work number: | Home number:  | Mobile number: | Work number: |
| Email address:  |                |              | Email address:  |                |              |
| Does this person have parental responsibility?                |                |              | Does this person have parental responsibility?          |                |              |
| Does anyone else have parental responsibility for this child? |                |              | (If yes, please provide details on separate sheet.)     |                |              |

### Emergency Contact Details (please provide details of two people we can contact if we are unable to get hold of you)

|          |                   |                            |
|----------|-------------------|----------------------------|
| Name:    | Telephone number: | Mobile number:             |
| Address: |                   | Relationship to the child: |
| Name:    | Telephone number: | Mobile number:             |
| Address: |                   | Relationship to the child: |

### Child's Doctor

|                 |            |
|-----------------|------------|
| Name of Doctor: |            |
| Address:        | Telephone: |

### About your child

|   |
|---|
| Please detail any additional/special needs your child has: (please provide full details) N/A          |
| Please detail any dietary requirements / food allergies for your child: (please provide full details) |
| Is there anything your child doesn't like (food, games etc) or is scared of?                          |
| What are your child's favourite activities?   |

**Parent consent** - Please tick boxes for your consent.

- I give permission for pictures of my child to be taken for use inside the club only.
- I give permission for my child to apply sunscreen provided by the club.
- I give permission for a member to administer medication, if my child is required to take a prescribe medication within Breakfast or After school club hours of operation.
- I give my permission to be contact by the club via email

**Terms & Conditions**

- The Club must be informed of any changes to your contact details immediately.
- You should inform The Club if your child is suffering from any contagious illness or disease
- Children should not attend the club for a period of 48 hours after the last episode of either vomiting or diarrhoea.
- If your child becomes unwell or ill whilst attending The Club we will of course look after & comfort them as best we can until you arrive. You must undertake either to return to The Club, or arrange for an authorized person to collect your child, as soon as possible and without delay.
- You must advise The Club if your child has either any allergies or takes regular medication.
- You should advise us, on the day, if someone other than those specified on the Registration Form is going to collect your child.
- You must contact us as soon as possible if you are unavoidably delayed and will be unable to collect your child at the expected time of collection. There is a late collection charge of £7 per 15 minutes.
- If your child has a pre booked session and is unable to attend through illness or any other reason the club must be notified as soon as possible.
- There will be no refund or reduction of fees for the cancelation or non-attendance of a pre booked session, unless 5 days notice is given.
- I agree to pay for all pre booked sessions unless cancelled 5 days in advance
- A late payment charge of 10%, of the invoiced amount, will be made against any invoice more than seven (7) days overdue.
- I agree to abide by and support decisions made by The Club staff regarding unacceptable behaviour.
- I understand that while The Club staff will take all reasonable care of my child, they cannot be held personally responsible for any accident/injury suffered by my child whilst at The Club.

I confirm that I have read and understood the Terms and Conditions of Friends at Play Out of School Club.

Signed .....

Date .....

Name of Child .....

Signature of Parent/Carer

Date:

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