**Abbots Hall**

 **Holiday Club Registration Form**

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| **CHILDS SURNAME** |  | **CHILDS FIRST NAME(S)***Please underline the name generally used* |  |
|  |  | **Gender** |  |
| **Date of Birth***(dd/mm/yyyy)* |  | **Nationality**  | **Please circle:** **British****Other European** *(please specify)***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Other non-European** *(please specify)***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Password for collection:** |  |
| **First Language If not English:** |  | **Religion if applicable:** |  |
| **Allergies:**  |  | **Special dietary requirements:** |  |
| **Medical conditions:** |  | **Other Information:** |  |
| **Medication:** |  | **Doctors Name:** |  |
| **Doctors surgery:** |  | **Doctors number:** |  |
| **Child’s Full Address:***Including postcode* |  |  |  |
| **Mother / Person With Parental responsibilities:***Full Name including title* |  | **Mother/ Person with Parental Responsibilities** **work place address:****Occupation:****(*optiona*l)**  |  |
| **Daytime Telephone:****Mobile :** |  | **E-mail:** |  |
| **Mother’s Full Address:***(If different from above)* |  |  |  |
| **Father/ person with Parental responsibilities :***Full Name including title* |  | **Father/** **person with Parental responsibilities address of****work Place:****Occupation:****(optional)**  |  |
| **Daytime Telephone:****Mobile :** |  | **E-mail:** |    |
| **Father’s Full Address:***(If different from above)* |  |  |  |

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| **First emergency contact:***(Not Parents/ Guardians)* |  | **Daytime Telephone:****Mobile :** |  |
| **Full Address:***Including postcode* |  |  |  |
| **Second emergency contact:***(Not Parents/ Guardians)* |  | **Daytime Telephone:****Mobile :** |  |
| **Full Address:***Including postcode* |  |  |  |

**Parental consents**

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| I Understand that the information on this registration form will need to be updated yearly or if anything changes, Telephone Numbers or Addresses, Medical conditions. | **Parent / Guardian Name:** |
|  | **Parent/ Guardian Signature:** |
| **Medical**I give consent for any emergency medical treatment necessary and authorise the childcare staff to sign any written form of consent required by hospital authorities if the delay in getting my signature is considered by the doctor to endanger my/our child’s health and safety. | **Parent/ Guardian Name:** |
|  | **Parent/ Guardian signature:** |
| **Activities**I give permission for my child to take part in organised activities outside of the club such as trips out, which might be off the school grounds. | **Parent/ Guardian Name:** |
|  | **Parent/ Guardian signature:** |
| **Plasters / First Aid**I give permission for the staff to put plasters on my child should the need arise.I give permission for staff to provide first aid should the need arise. | **Parent/ Guardian Name:** |
|  | **Parent/ Guardian signature:** |
| **Photographs**I give permission for any photographs of my child taken at any time at the club to be used in publicity material for the club. For example, the Scrap book, the clubs Facebook Page and the setting website. | **Parent/ Guardian Name:** |
|  | **Parent/ Guardian signature:** |
| **Face Painting**I give permission for my child to have his/her face painted. We use Snazaroo face paints.  | **Parent/ Guardian Name:** |
|  | **Parent/ Guardian signature:** |
| **Wii/ DS**I give permission for my child to play on the Wii or Game consoles while in Holiday Club sessions.All games will be age appropriate for the children playing them. | **Parent/ Guardian Name:** |
|  | **Parent/ Guardian signature:** |

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| **DVDs**I give permission for my child to Watch DVDs Certificated U or PG while in Abbots Hall Holiday club Sessions.  | Parent/ Guardian Name: |
| Parent/ Guardian signature:  |
| **Cancellations of sessions****I understand that the Club requires 14 days’ notice to cancel or change any bookings for the Holiday club,** **If any changes, cancellations are made without Notice then all sessions booked will be invoiced and payment required.** | Parent/ Guardian Name: |
| Parent/ Guardian signature:  |

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| **Annual registration fee of £30.00 per family.** | **Added to Summer Invoice** |
| **Any other comments:** |  |

Thank you