

# Newlands Out of School Club

Charity No. SC015474

## Registration Form

### Child's details

Child's name	
Date of birth	
Class	
Home address	

### Main contact / Parent / Carer's details

Name		
Address <i>If different from above</i>		
Telephone details		
Work	Home	Mobile
Contact Email Address (Please state if this is a work or home email)		
Place of work or study and address		

### Please provide details of people we can contact regarding your child in the case on an emergency

Name	
Contact no.	Relationship to child

Name	
Contact no.	Relationship to child

Name	
Contact no.	Relationship to child



**Consent Requests**

Please read the consent requests below (\*Delete as appropriate.)

**Emergency medical treatment**

**I consent / I do not consent\*** to my child undergoing any emergency medical treatment necessary during the running of the club. **I authorise / I do not authorise** \* the club staff to sign any written form 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.

**Prescribed Medication**

Should my child need to take medication which has been prescribed by our GP, **I authorise / I do not authorise** \* the club staff to administer this medication as prescribed and on my instruction only.

**Photographs**

During your child's time at the club photographs, including them may be taken. These photographs may be used as part of a display in the club, as evidence for staff completing a training course or as part of advertisement products for the club including the website.

**I consent / I do not consent\*** to my child getting their photograph taken.

**Sun Cream**

During sunny periods of the year we may spend time outside. We understand the importance of skincare and the use of sunscreen. We have sunscreen available at the club, or you are welcome to provide your own.

**I do / I do not consent\*** to club staff administering sunscreen to my child.

**Please note that if your application is accepted, this Membership Form will form the basis of your contract with the club.**

I have read the above consent requests and have marked them as appropriate.

I agree to the terms and conditions as detailed in the 'How to use your club' guide.

Signed:

Date:

## Newlands\_OOSC\_Registration\_Aug2010

### Attendance

Your child's attendance days are fixed per term. A deposit will be required at the start of your child's placement. Payments are due four weeks in advance. If you wish to withdraw your child 4 weeks notice is required.

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

After School Club	Monday	Tuesday	Wednesday	Thursday	Friday
Term 1					
Term 2					
Term 3					
Breakfast Club	Monday	Tuesday	Wednesday	Thursday	Friday
Term 1					
Term 2					
Term 3					

All information disclosed on this form is purely for staff information and will remain confidential. Parents/Carers are responsible for informing in writing any changes to the information given.

Please sign below to confirm that you have read and understood the Terms and Conditions noted in the Club Information Booklet.

<b>Parent/Carer's signature</b>
<b>Please print name</b>
<b>Date</b>

Please return this form to the Manager. A separate Registration Form should be completed for each child.

Thank you.