

R.B. Kids Club Registration Form



Telephone – 07742 822550
Email – R.BKids@hotmail.co.uk

Child's Details		
First name:	Surname:	What s/he likes to be called:
Date of birth:	Current age:	First language:
Ethnicity:		

About your Child

Please detail any additional/special needs your child has: (please provide full details)

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?

Is there any particular skills (turn taking, social interactions with peers etc) that you would like the club's staff to support your child joins?

Attendance

Date of 1st Session you would like your child to attend (please include day and date)

Session you would like your child to attend
(Please circle)

	Monday	Tuesday	Wednesday	Thursday	Friday
Early Bird Club	AM	AM	AM	AM	AM
After School Club	PM	PM	PM	PM	PM

If you are planning to pay via the Government Tax Free Childcare vouchers then please provide your child's Unique 12 digit reference number, starting with their initials

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:		
<u>Does this person have parental responsibility? Yes / No</u>			<u>Does this person have parental responsibility? Yes / No</u>		
Does anyone else have parental responsibility for this child? Yes / No (If yes, please provide details on separate sheet.)					
List of People with Consent to Collect my Child (additional to parents and emergency contacts).			1.		
			2.		
			3.		
			4.		
			5.		
			6.		
			8.		
			9.		
			10.		

Emergency Details

Preferred Emergency Contact 1		
Name:	Telephone number:	Mobile number:
Address:		Relationship to the child:
Preferred Emergency Contact 2		
Name:	Telephone number:	Mobile number:
Address:		Relationship to the child:
Collection Word: Please provide a memorable word (Trifle) that your Emergency contact will use when collecting your son or daughter		

Name of Doctor:	
Address:	Telephone:
Name of Dentist:	
Address:	Telephone:

Consent

Do you give permission for your child to wear a plaster if the occasion arises?	
YES NO	
Do you give permission for your child to use the club sun cream during summer months?	
YES NO	
Do you give permission for your child to receive appropriate medical attention in the case of an accident or emergency? (You will be contacted immediately in such circumstances. If we fail to contact you, a doctor may deem it necessary to proceed with treatment before parental consent can be obtained)	
YES NO	
Do you give permission for your child to have their face painted?	
YES NO	
Do you give permission for your child to be photographed at the club for publicity purposes?	
YES NO	
Do you give permission for your child to be photographed and image to be used on Social Media?	
YES NO	
Do you give permission for your child to be photographed at the club for our records such as their EYFS Learning Journal?	
YES NO	
Do you give permission for the club to share developmental information about your child with school and other relevant providers, in order to ensure that we can plan activities to meet their needs?	
YES NO	
I declare the above information to be true and will contact the club Coordinator to update my information if any of the details change.	
Signature of Parent/guardian:	
Date:	Full name: