

# Registration Form



## Child's Details

Child's name:..... DOB:..... Age.....

Home Address:.....

Ethnic Origin..... Religion..... Languages spoken.....

**Parent/Carer 1:** Name.....Relationship.....

Home Telephone:..... Mobile:.....

Work Telephone Numbers.....

Home Address:.....

**Parent/Carer 2:** Name.....Relationship.....

Home Telephone:..... Mobile:.....

Work Telephone Numbers.....

Home Address:.....

Who has parental responsibility for the child?.....

Additional information about who has legal contact with the child?.....

Are there any other agencies working with your family?.....

## Emergency contacts / Authorised Collectors

These people will be contacted if parents are unobtainable and allowed to collect your child.

1. Name..... Telephone.....

Relationship to the child.....

2. Name..... Telephone.....

Relationship to the child.....

3. Name..... Telephone.....

Relationship to the child.....

## Medical Information

Does your child have any special health requirements, allergies or dietary needs .....

Details of any prohibited procedures.....

## Days You Require

Date required to start.....(please tick the days you require)

	Monday	Tuesday	Wednesday	Thursday	Friday
Before School					
After School					

## Photographs and videos

To comply with Data Protection we need your permission before we can use images or video of your child, Names are never used. Please indicate below how we can use the images of your child.

I give my consent to use the photos / videos within the school e.g. (photo frame / notice board	Yes	No
I give my consent to use the photos / videos in the brochure.	Yes	No
I give my consent to use the photos / videos on the web site, (Please note our website can be view around the world.	Yes	No

Signed:..... Date:.....

## Terms and Conditions

Please Read the following terms and conditions carefully.

1. Children will only be handed over to authorised collectors.
2. Children must be collected before 6:00 pm or an additional charge of £10.00 will be added for every 15 minute or part thereof.
3. Two weeks' notice must be given to cancel / change your child's sessions or full payment applies.
4. Full payment is required for your child if they are absent at any time.
5. All fees must be paid at the beginning of each week / month. (Late payments will result in a charge of £10.00)
6. I give consent for emergency medical advice and treatment to be administered to my child should I not be present.

I ..... agree to abide by all the above terms and conditions.

Signed:..... Date:.....

Signed by Kidz Aloud:..... Date:.....