



## Child Registration Form

Full legal name of child:	Childs preferred name:
Address:  School Attending:	Date of Birth:  Email:
Names of persons authorised to collect child:	Contact Tel Numbers:
Names of Parents/Guardians:	Do the named have legal parental responsibility?  <i>Yes/No</i>
Does your child have any special requirements? <i>Yes/No (If Yes please provide details below)</i>	Does your child have any special dietary requirements? <i>Yes/No</i> <i>(If Yes please provide details below)</i>
Does your child have any Medical Conditions/Allergies? <i>Yes/No</i> <i>(If Yes please provide details below)</i>	Please provide any additional Information regarding medical procedures prohibited by religion/beliefs etc.
Name/Address of Doctor/Surgery           Tel:	Any Additional Information you might wish to share.

Parent/Guardian Signature:

Date:

Full Name:

# Child Consent Form

## EMERGENCY TREATMENT CONSENT

In an emergency I give permission for the above named child to receive emergency treatment and advice to be sought after and given, if I cannot be reached before treatment, I will be notified as soon as possible after the event. **Yes/No**

## TRANSPORT AGREEMENT

I give permission for the above named child to be transported during trips/outings with staff of Smiles for the enjoyment/inclusion of child development and entrust the safety of the child during these events to staff members having been given prior information of event and permission for child participation. **Yes/No**

## OBSERVATIONS/CLUB PUBLICITY

I understand that ongoing observations will be undertaken of the above named child, to follow and assess their development, in order to support the before and after school club members working towards any qualifications. These may be in the form of written statements, photographs/video or tape recordings. Photographic images will from time to time be used to promote the club. **Yes/No**

## OUTDOOR PLAY EQUIPMENT

I agree for the above named child to use outdoor play equipment in the setting, sports areas and courtyard (when accompanied by a staff member) whilst in the care of the before and after school club/holiday club. **Yes/No**

## SUN PROTECTION APPLICATION

I agree for sun protection cream to be applied to the above child by a member of staff at the before and after school club/holiday club. **Yes/No**

# Booking Form

(Please indicate hours required per day i.e. Week 1 Breakfast 7.30 - 9.00 After School 3.00 - 6.00)

		<i>Mon</i>	<i>Tues</i>	<i>Wed</i>	<i>Thurs</i>	<i>Fri</i>	<i>Total Hrs</i>
<i>Week 1</i>	<i>Breakfast</i>						
	<i>After School</i>						
<i>Week 2</i>	<i>Breakfast</i>						
	<i>After School</i>						
<i>Week 3</i>	<i>Breakfast</i>						
	<i>After School</i>						
<i>Week 4</i>	<i>Breakfast</i>						
	<i>After School</i>						
<i>Week 5</i>	<i>Breakfast</i>						
	<i>After School</i>						