



Kids R US Registration form

Please circle which club/ clubs you are registering for

Breakfast Club

After School Club

Holiday club

Please notify us if any of the information on this form you have provided changes.

Child's name:	What they like to be called:
Date of Birth :	Current Age:
School or Nursery they attend currently:	Teacher or Key Workers Name:
We celebrate individuality and difference at out setting and the following can help us do this, If you want to supply to following, please do so: First Language/s: Religion: Ethnicity:	Legal responsibility of child: Please inform us if we need any information within this area Shared Sole (if so which parent or other):

Parent or Legal Guardians Details

Title:	First Name:	Surname:
Home Address:	Work Address:	Home Number: Work Number: Mobile Number:
Email address:		

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Home Address:	Work Address:	Home Number: Work Number: Mobile Number:
Email address:		

Only the above mentioned will be allowed to collect your child, unless we have been informed. If you would like to have other adults added please let us know at the bottom of the form. You may wish to add another person to collect in case of emergency.

You must inform us if for any reason your child will not be attending a booked session.

Doctors Surgery:	Name of Doctor:	Doctors telephone:	Address:
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Does your child have any allergies or dietary requirements? (for allergies or medical conditions you will be asked to complete a separate form)	Your child's favourite activities?	Is there anything your child does not like?
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Wat days would you like your child to attend:

Monday	Tuesday	Wednesday	Thursday	Friday
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- I consent for my child to attend this club and understand that the club has policies and procedures and both myself and my child will support them. (these are available at club for you to look at anytime).
- I am aware that Kids R Us has a duty to report suspected child abuse or neglect.
- I give permission for trained member of staff to administer emergency first aid if required.
- I give Kids R Us permission to seek any necessary emergency medical advice or treatment in the event that my child is involved in a serious accident. I expect to be contacted immediately on the above numbers.

Occasionally we visit our local park, for your child to participate you must give permission. I agree for my child to take part.	Yes	No
I agree for my child to have photos taken enjoying club activities for use solely at the club.	Yes	No
I agree for such photos to be used on our club webpage and related pages	Yes	No

I understand that all information give on this form is confidential. I confirm that the information given above is correct and agree to notify the club staff of any changes made. I give permission for the setting to share information with other professionals as appropriate.

I have read and accept the terms and conditions for my child attending Kids R Us.

Signed:.....

Dated:

Relation to child: