

KIDS R US REGISTRATION FORM - -AFTER SCHOOL CLUB

Please mark if EYFS Child

CHILD'S NAME(FULL):
WHAT THEY LIKE TO BE CALLED:
DATE OF BIRTH:
CURRENT AGE:
SCHOOL / NURSERY THEY ATTEND:
TEACHER'S / KEY WORKERS NAME:
FIRST LANGUAGE:

PARENTS / GUARDIANS DETAILS (Please inform us if either parent does not have legal parental responsibility)

TITLE:	FIRST NAME:	SURNAME:	TITLE:	FIRST NAME:	SURNAME:
HOME ADDRESS:			HOME ADDRESS:		
WORK ADDRESS:			WORK ADDRESS:		
HOME NUMBER:	MOBILE NUMBER:	WORK NUMBER:	HOME NUMBER:	MOBILE NUMBER:	WORK NUMBER:
EMAIL ADDRESS:			EMAIL ADDRESS:		
NAME AND ADDRESS OF PERSON COLLECTING CHILD FROM CLUB IF DIFFERENT FROM THE ABOVE (Note: children will only be allowed to leave with the named person)					
NAME:					
ADDRESS:					
TELEPHONE NUMBER:					
DETAILS OF PERSON WHO MAY BE ABLE TO COLLECT IN AN EMERGENCY:					
NAME:					
ADDRESS:					
TELEPHONE NUMBER:					
DETAILS OF CHILDS DOCTOR					
NAME OF DOCTOR:					
TELEPHONE NUMBER:					
ADDRESS:					

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PLEASE DETAIL ANY ALLERGIES YOUR CHILD HAS: (please provide full details)
PLEASE DETAIL ANY DIETARY REQUIREMENTS FOR YOUR CHILD: (please provide full details)
WHAT ARE YOUR CHILD'S FAVOURITE ACTIVITIES?
IS THERE ANYTHING YOUR CHILD DOESN'T LIKE (food, games, etc) or is scared of?
ANY ADDITIONAL INFORMATION:

ON WHICH DAYS WILL YOUR CHILD ATTEND THE CLUB: (please circle) MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY
WHAT TIME WIL YOU BE COLECTING YOUR CHILD? (please circle) BY 5pm BY 6pm

I consent for my child to attend this Club. I understand that the Club has policies and procedures and both myself and my child will support them.

I am aware that Kids R Us has a duty to report suspected child abuse or child neglect.

I give permission for a trained member of staff to administer emergency first aid if required.

I give permission for Kids R Us 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 YOUR PERMISSION. I AGREE FOR MY CHILD TO TAKE PART. YES NO
OCCASIONALLY WE MAY TAKE PHOTOGRAPHS OF THE CHILDREN ENJOYING CLUB ACTIVITIES. WE REQUIRE YOUR PERMISSION TO DO THIS. I AGREE FOR PHOTOGRAPHS TO BE TAKEN FROM TIME TO TIME. YES NO

I understand that the information given on this registration form is confidential.

I confirm that the information given on all forms is correct and agree to notify the club staff of any changes made.

I give permission for the setting to share information with other professional as appropriate.

I have read and accepted the above conditions for my child attending Kids R Us.

Signature of Parent / Carer	Date:
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