

# Registration Form

Please complete in Black Ink

## Personal Details

<b>Child's Full Name</b>	
<b>Name They Like To Be Called</b>	
<b>Address</b>	
<b>Postcode</b>	
<b>Telephone Number</b>	
<b>Date Of Birth</b>	
<b>School Attended</b>	<b>Teachers name</b>
<b>E Mail Address</b>	

## Medical Details

<b>Doctor's Name</b>
<b>Surgery Address</b>
<b>Telephone</b>
<b>Please give current medical information e.g.; known allergies, hay fever, asthma, diabetes, epilepsy, heart conditions, details of supportive drugs (i.e. drugs which have to be taken regularly), allergies to plasters.</b>
<b>Asthma - It may be necessary at times for my child to use an inhaler, which I give my consent. I understand that a written identification record must be kept by the child to use in emergencies.</b>
<b>Signed</b>

<b>I consent to any emergency medical treatment (including the applying of plasters) necessary during the running of the club. I authorise the staff to sign any written form of consent required by the hospital authorities if the delay in getting my signature is considered by the doctor to endanger my child's health and safety.</b>
<b>YES / NO</b>

<b>Please give details of any other personal information e.g.: dietary requirements, major food dislikes ETC..</b>
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## Parent(s) / Carer(s)

<b>PARENT / CARER</b>	
<b>First Name &amp; Surname</b>	
<b>Address</b>	
<b>Telephone</b>	<b>Mobile</b>
<b>Relationship To Child</b>	
<b>Work Name &amp; Address</b>	
<b>Telephone Number</b>	

<b>PARENT / CARER</b>	
<b>First Name &amp; Surname</b>	
<b>Address</b>	
<b>Telephone</b>	<b>Mobile</b>
<b>Relationship To Child</b>	
<b>Work Name &amp; Address</b>	
<b>Telephone Number</b>	

<b>Please give full details of ANY OTHER PERSONS who may collect the child from the club, as children will only be allowed to leave with a named person.</b>		
<b>First Name &amp; Surname</b>		
<b>Address</b>		
<b>Telephone</b>	<b>Mobile</b>	
<b>Relationship To Child</b>		
<b>Work Name &amp; Address</b>		
<b>Telephone number</b>	<b>Contact In An Emergency</b>	<b>YES/ NO</b>

<b>First Name &amp; Surname</b>		
<b>Address</b>		
<b>Telephone</b>	<b>Mobile</b>	
<b>Relationship To Child</b>		
<b>Work Name &amp; Address</b>		
<b>Telephone number</b>	<b>Contact In An Emergency</b>	<b>YES/ NO</b>

Is your child a confident swimmer? YES/ NO  
Please state any swimming badges attained .....

Does your child have any form of special needs? YES / NO  
If yes, please give details on the back page where marked

Is your child the subject of a court order? YES / NO  
(If yes please attach a copy)

Some of the routine activities of the club may involve visiting parks or trips including swimming etc. Some journeys may be on foot or in a minibus/car/coach/bus/public transport. Any minibus/coach/car used will have seat belts fitted and staff will ensure that these are worn at all times. For your child to take part in these activities, you must give your permission.  
I agree to my child taking part in the activities described above YES / NO

I agree to supply sun protection cream for my child and give permission for the play staff to assist my child in applying the cream as necessary. YES / NO

I agree that my child may be included in any positive photographs/ digital images that may be taken at the club and used in administration, displays, training, portfolios, leaflets, marketing and newspapers (including Suffolk Scene). YES/ NO

**Declaration**

I confirm that all the details given are correct. I will keep you informed of any changes that occur.

I give permission for my child to attend the **Felixstowe Fun Station** and for the Play Staff to take full charge of my child whilst at the club.

To help ease our administration I understand that **Felixstowe Fun Station** may hold the information on computer. I understand that I can see a copy of my **own** child's information.

**Felixstowe Fun Station, Suffolk ACRE and *Suffolk Childcare Trust*** take no responsibility for loss of, or damage to personal property and would advise that valuable items should NOT be brought to the club.

I agree to the terms detailed in the information booklet and contract.

Signed..... dated .....

Parent / Carer

**SPECIAL NEEDS**

If your child has any special needs please give full details so that we can try to ensure that opportunities are available for participation in activities and any assistance that is needed is provided.

Is your child registered disabled	YES / NO
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**Monitoring Of Equal Opportunities**

The clubs have made a commitment to equal opportunities and therefore intends to ensure equality of opportunity so that no child is disadvantaged in joining in activities etc. on the grounds of disability, gender or race. It would be helpful if you could provide the personal information requested below, which will enable us to review and monitor our practice.

*COMPLETION OF THIS SECTION IS OPTIONAL BUT VERY HELPFUL TO US*

**From which sources did you learn about the clubs?**

To help us monitor our advertising please could you state all sources.

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**Please describe your child's racial origin (e.g.: Asian, African, White European)**

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**Sex**                      Male / Female                      **Age**                      .....

**Any comments you would like to make**

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**Do you claim Family Tax Credit**                      **YES/ NO**

**If no would you like more details**                      .....