

Deanwood Extended Services Registration Form

All children who attend must be registered with the club. (Children are collected from school during term time and escorted safely to the club). Children remain at the club until collected by a named adult.

Child's Name	
Date of Birth	
Address	Post Code

Parents / Carers Names	Parents / Carer 1	Parents / Carer 2
Address		
Contact Details for all Parents / Carers	Name: Mobile Number Home Number Work Number	Name: Mobile Number Home Number Work Number
Email address (for invoicing purposes)		

Does your child have any known medical problems?	Yes / No (If yes please provide details)
Does your child have any known allergies or dislikes (certain foods & materials)	Please provide details

Details of first contact who may collect in an emergency
Children will only be allowed to leave with the named person.

Name		
Address		
Telephone Number	Relationship to the child:	Post Code

Details of second contact who may collect in an emergency (Children will only be allowed to leave with the named person)

Name

Address

Post Code

Telephone Number

Relationship to the child:

Details of Child's Doctor:

Name:

Surgery Address

Telephone Number

Has your child been immunised against:

Date

Tetanus

Measles

Rubella

Mumps

Whooping Cough

Polio

Any Other information

I consent to any emergency medical treatment necessary during the running of the club. I authorise the Extended Services 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

Yes / No

Print Name:

Signed:

Date:

PHOTOGRAPHIC CONSENT

Please confirm your consent by answering the questions detailed below:-

Are you happy for your child to be photographed whilst attending?

Images may be used on displays, prospectus and Extended Services publications.

Yes / No

Are you happy for your child to appear in the media?

Yes / No

Are you happy for your child to appear on the Extended Services website?

Yes / No

Are you happy for your child's photo to be used in college assignments by staff and students (children will not be identified by name)

Yes / No

Print Name:

Signed:

Date: