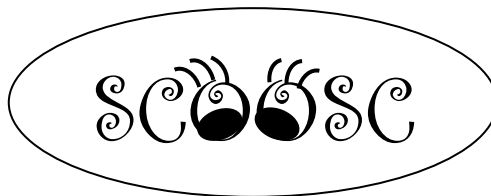


Sally Cooke's Out of School Club



Registration Form

1. Child's Personal Information	
Child's full name:	
Date of birth:	
Full home address:	
Home telephone number:	
Child's current school:	
Is there anything you would like us to know about your child e.g. language, culture, religion, personal preferences?	
Who has parental responsibility for your child?	
Who has legal responsibility for your child?	
2. Parent/Guardian/Emergency Contact Information	
First Contact	
Full name:	
Relationship to child:	
Full home address (if different from child's):	
Daytime telephone number:	
Evening telephone number:	
Mobile number:	
Email address:	
Second Contact	
Full name:	
Relationship to child:	
Full home address (if different from child's):	
Daytime telephone number:	
Evening telephone number:	
Mobile number:	

Third Contact	
Full name:	
Relationship to child:	
Full home address (if different from child's):	
Home telephone number:	
Mobile number:	
3. Medical Details	
Name of child's Doctor:	
Address:	
Telephone number:	
Does your child have any known medical conditions or special needs?	YES/NO (if YES, please provide details):
Does your child have any non-dietary allergies?	YES/NO (if YES, please provide details):
Does your child have any known dietary allergies or major dislikes?	YES/NO (if YES, please provide details):
4. Parental Permissions (please delete YES/NO as appropriate)	
I give permission for first aid to be carried out on my child by a trained first-aider.	YES/NO
I consent to any emergency medical treatment necessary during the running of the club.	YES/NO
Some of the routine activities of the club may include visiting parks or going on short trips on foot around Verwood. I agree to my child taking part in these activities.	YES/NO
I give permission for photographs to be taken of my child for use within SCOOSC.	YES/NO
I consent to sun cream being applied to my child.	YES/NO
Occasionally a child may need a change of underwear if they have had an accident. If this is the case the child will be encouraged to change themselves on their own. If they are unable to do this, they will be assisted by a member of staff known to them. I give my consent to appropriate 'intimate care' being given to my child if necessary.	YES/NO
I consent to face paint being used on my child's face and hands.	YES/NO
I give permission for written observations to be made of my child to support SCOOSC staff in planning for my child's needs.	YES/NO
I give permission for the adults listed in 'Contacts' to collect my child from SCOOSC.	YES/NO
PASSWORD to be used if somebody else is collecting my child from SCOOSC:	
Parent/Carer Signature:	
Parent/Carer Name (please print):	Date:

