



Welldon Kids Club

Child Registration Form

Full Name of Child	Name to be used at the club
Date of birth	Male Female
Religion	Languages spoken
School Attended	School Address
Name of person with parental responsibility	Home address
Name and address of Mother	Name and address of Father
Contact Number	Contact Number
Name of Social Worker if applicable	Parent Work address
Contact Number	

Emergency name and contact number 1	Emergency name and contact number 2
Full names and contact numbers of persons authorised to collect your child	<p>Photo Consent</p> <p>I give permission for my child to be in pictures taken when doing activities to be used for evidence and advertising.</p> <p>Sign.....</p> <p>Date.....</p>
<p>I give permission for my child to have sun cream applied by a member of staff in appropriate weather conditions</p> <p>YES NO</p>	Any other relevant information
Any special food or drink requirements	

Medical information

Child's Medical Number –

Doctors name Doctors contact number	Doctors address
Details of any health issues	
Allergies	
Are all immunisations up to date YES NO	

I confirm that all information given above is correct and I agree that if any information changes regarding any of the above information, then I will inform a manger to have these records updated

Sign.....

Date.....

In the event that my child is involved in a serious incident while at the club, I expect the delegated member of staff to contact me immediately using the contact information provided.

In the event that my child's requires immediate medical treatment or consent for emergency medical treatment by a hospital, I agree for the delegated member of staff to provide treatment or consent to relevant treatment being given on my behalf.

I understand that this authorisation will remain valid until we are asked in writing that it is removed it from this form

Sign.....

Date.....