



FUNTASTIC CLUB

REGISTRATION FORM

Please ensure all sections are completed

Child's Surname:	Child's first name(s):
Legal Surname (if different):	Preferred name:
Date of birth:	Male/Female
Home address: Post code:	Other home address (if applicable): Post code: (Days child lives at this accommodation) Name of Parent/Guardian:
Nationality:	First Language:
Religion:	Language spoken at home:
Doctor's name and address: Post code: Tel:	Permission to administer First Aid? Yes/No Permission to change your child in the event they wet/soil themselves or assist if needed. Yes/No In the event of a medical emergency, it may become necessary to call for an ambulance.
Any known medical condition, including allergies or emergency procedures: Medication including Asthma inhalers, prescribed for a medical condition, should be provided and kept in the setting, clearly labelled with name of child, dosage and when to be administered.	Any dietary requirements/restrictions/food allergies:

Persons with Parental Responsibility (Please name all)

Contact 1: (Mr/Mrs/Miss/Other) Name: Relationship to child: Allowed to collect child: Yes/No Address: Post code: Tel: Mobile no: Work no: Email address:	Contact 2: (Mr/Mrs/Miss/Other) Name: Relationship to child: Allowed to collect child: Yes/No Address: Post code: Tel: Mobile no: Work no: Email address:
Please ensure contingency plans are in place, in the event of an emergency e.g. traffic problems, hospital appointments, illness etc. which may prevent a parent/guardian collecting a child.	Please provide a password To ensure your child's safety we operate a password system. Anyone collecting your child, especially if unfamiliar to us will be asked for a password. Password:

Further contacts in cases of emergency 1 st contact (Mr/Mrs/Miss/Other) Name:		2nd contact (Mr/Mrs/Miss/Other) Name:	
Relationship to child/parent: Allowed to collect child: Yes/No		Relationship to child/parent: Allowed to collect child: Yes/No	
Tel:	Mobile no:	Tel:	Mobile no:

Details of any other children in the family

Name	Date of Birth	School

<p><u>Photograph/video</u></p> <ul style="list-style-type: none"> I give permission for my child's photo to be taken and used in their Early Years development record (under 5's). Yes/No N/A I give permission for my child to be photographed doing activities and displayed or shown within the club. Yes/No I give permission for my child to be videoed doing activities and displayed or shown within the club. Yes/No I give permission for my child to be photographed or videoed for use in advertising the Funtastic Club. Yes/No I give permission for my child's image to be used on the Funtastic Club web site. Children's names will never be published. Yes/No 	<p><u>Emergency Medical Treatment</u></p> <ul style="list-style-type: none"> In the event that my child is involved in a serious incident while at the club, I expect the Manager, or a delegated member of staff, to contact me immediately on the emergency number given on this registration form. I understand that I am responsible for updating the club with any contact changes. In the event that my child requires immediate medical treatment, before I will be able to get to the hospital, I authorise the Manager, or a delegated member of staff, to consent to emergency medical treatment on my behalf, acting on expert medical advice. Please state if your child is allergic to penicillin/plasters etc. <p>I understand that this authorisation will remain valid unless I contact the Manager to withdraw it.</p>
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<p>In order to provide your child with the best care and supervision, we may need to obtain or share information with the school or other professionals. This may include children with medical issues, learning difficulties or disabilities.</p> <p>I give permission for relevant details to be obtained or shared with the school. Yes/No</p> <p>I give permission for my child to be observed and development records kept (under 5's). Yes/No N/A</p> <p>Please advise if your child attends any clinics? E.g. (Eye clinic, Edwin Lobo Centre). Yes/No</p> <p>If so, please specify:</p>	<p>Please provide any other information we should be aware of e.g. medical issues, behaviour issues, extra supervision required or any family issues which may require your child needing extra support.</p>
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Data Protection

The information you have given, will be stored on computer and is subject to the Data Protection Act 2018. The Act requires that all information is confidential and may only be accessed by those with a legal right to see it, e.g. if there is a child protection enquiry. The information you have provided will only be used by the Funtastic Club and will only be shared with the school or other professionals if you have given your permission to do so. You have the right to examine and correct, any information about you or your child, which is held on computer. Please contact the manager if you wish to do this.

Parent/Guardian Signature:
 Relationship to the child:

Date: