

# Out of School Club Registration Form



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| <b>Childs Details:</b>                                       |  |
| Child Full Name:   | Address:                                   |
| D.O.B:   | Gender:                                    |
| Ethnicity:   | Religion:                                  |
| Languages spoken:  | School:                                    |
| How did you find out about our services?                     |  |
| <b>Parent/Carer Details:</b>                                 |  |
| Name:  | Name:                                      |
| Address (If different from above)                            | Address (If different from above)          |
| Phone Number:<br>Home:<br>Work:<br>Mobile:                   | Phone Number:<br>Home:<br>Work:<br>Mobile: |
| e-mail:  | e-mail:                                    |
| Occupation/Job Title:  | Occupation/Job Title                       |
| Relationship to child:                                       | Relationship to child:                     |
| <b>Emergency Contact Details: Must be different to above</b> |  |
| Name:  | Address:                                   |
| Phone Number:<br><br>Home:<br>Work:<br>Mobile:               | Relationship to child:                     |
| <b>GP Details:</b>   |  |
| Surgery Name:  | GP Name:                                   |
| Surgery Address:   | Telephone number:                          |

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|   |                       |    |
|---|-----------------------|----|
| <b>Child's Personal details:</b>  |                       |    |
|   | Yes                   | No |
| Does your child have any special dietary requirements?  |                       |    |
| Please give details:  |                       |    |
| <b>If your answer is yes to any of the next questions, please complete a personal needs form:</b>   |                       |    |
| Does your child have any allergies (Including sunblock)?  |                       |    |
| Does your child have a longstanding illness, medical condition or is your child disabled?   |                       |    |
| Does your child require any medication on a permanent basis?  |                       |    |
| <p><b>Child collection: Your child's safety is of crucial importance to us and we therefore need to be clear as to who is permitted to collect your child from our service. Children under the age of 8 must be dropped off/collected by someone over the age of 16.</b></p> <p>Please supply details of people authorised to collect your child below:</p> |                       |    |
| Name:   | Name                  |    |
| Phone number:   | Phone number:         |    |
| Relationship to child:  | Relationship to child |    |
| <b>Please provide a password which MUST be known to all adults collecting your child:</b>   |                       |    |
| Password:   |                       |    |
| <b>Consent: By joining the OSC I understand that my child will participate in offsite trips and in addition provide permissions for the following:</b>  |                       |    |
|   | Yes                   | No |
| For fully qualified OSC staff administering basic first aid to my child   |                       |    |
| Seek Emergency medical attention including hospital treatment if it is deemed necessary.  |                       |    |
| For sunblock to applied to my child   |                       |    |
| For my child to be photographed and for the photo's to be used to evidence the work of the OSC and for the occasional marketing of the programme.   |                       |    |
| For photo's to be used for display purposes only.   |                       |    |
| For photo's to be used on the Coram's fields website.   |                       |    |
| For photos to be shared via social media.   |                       |    |
| For videos/photo's to be used by the media.   |                       |    |
| Signature of parent/carer:  |                       |    |
| Date:   |                       |    |

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