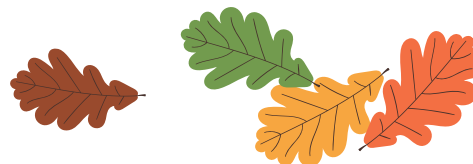


REGISTRATION FORM

CHILD'S DETAILS:



Child's Name:	Date of Birth: / /
Preferred Name:	<input type="checkbox"/> Boy <input type="checkbox"/> Girl
School Attending:	<input type="checkbox"/> Castle Wood Academy <input type="checkbox"/> White's Woods Academy <input type="checkbox"/> Mercer's Woods Academy

PARENT/CARER DETAILS:

Name of Parent/Carer:	
Home Address:	
	Postcode:
Main contact number:	Work contact number:
Alternative Number:	Email address:
Who has parental responsibility:	

NAMES OF AUTHORISED PERSON TO COLLECT YOUR CHILD:

PERSON ONE	PERSON TWO
Person One: (Full Name)	Person Two: (Full Name)
Main contact number:	Main contact number:
Relationship with child:	Relationship with child:
EMERGENCY CONTACT DETAILS ONE	EMERGENCY CONTACT DETAILS TWO
Contact Name:	Contact Name:
Main Contact Number:	Main Contact Number:
Alternative Number:	Alternative Number:
Work Contact Number:	Work Contact Number:

REGISTRATION FORM CONT...

ADDITIONAL NEEDS:

Does your child have any additional needs/disability?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please state:		
Does your child have any dietary requirements:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Details:		

MEDICAL INFORMATION:

Dr's Name:	Dr's Telephone Number:
Dr's Surgery and Address	
Is your child taking any medicine?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Details:	
Does your child have any allergies:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Details:	
Does your child have asthma and use an inhaler:	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please note we will require an inhaler to be kept on site for use only at Acorns.	
Does your child have an Epipen?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please note we will require an inhaler to be kept on site for use only at Acorns.	
Does your child have any significant health issues?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please state:	

If you become aware of changes to details stated in this form or new medical information then it is the responsibility of the parent/carer to inform Acorns after-school club immediately.

PLEASE DETAIL ANY OTHER RELEVANT INFORMATION (EG RELIGIOUS OBSERVATIONS, FIRST LANGUAGE IS NOT ENGLISH ETC)



PARENTAL CONSENT FORM:

I AGREE TO THE FOLLOWING ON BEHALF OF (NAME OF CHILD):

.....

CONDUCT

I understand that, whilst attending Acorns After-School Club, including during transportation from another site, my child is expected to behave in an appropriate manner. Failure to do so may result in my child being temporarily or permanently refused access to Acorns.

TRANSPORTING IN A VEHICLE

I agree that my child may be transported by the Tall Oaks Academy Trust minibus, or an appropriately insured vehicle.

OBSERVATIONS

I agree and understand that ongoing observations may be undertaken on my child to follow and assess their progress in development. These may be in the form of written statements, photographs and videos.

EMERGENCY MEDICAL TREATMENT

My child may receive First Aid treatment as required.

My child may be transported to hospital with any member of Tall Oaks Academy Trust staff in the event of a medical emergency.

CONFIDENTIALITY

I agree that the information I have given may be shared with other professional organisations

PHOTOGRAPHS

I consent for my child to be photographed/videoed for the use of publicity material for Acorns After-School Club (for example website, promotional material, display purpose, fundraising activities)

I hereby give consent for the information provided to be held on file in compliance of the Data Protection Act 1988.

I confirm that I under the questions and statements on this Registration Form and have completed all responses fully and accurately.

SIGNATURE: DATE:

NAME OF PARENT/CARER:
