

# BIRDHURST KIDS CLUB

## REGISTRATION FORM

I would like my child to attend the:

Afterschool Club

Holiday Playscheme

at Birdhurst Kids Club, 17, Birdhurst Avenue South Croydon, CR2 7DX, and share the following information. I understand all the information given will be treated as confidential, so that the Club can provide the best possible care for my child.

Child's Surname: \_\_\_\_\_ **Male/Female**

First Names: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Religion: \_\_\_\_\_ Race/Ethnic Origin \_\_\_\_\_ First Language \_\_\_\_\_

Address: \_\_\_\_\_

Post Code \_\_\_\_\_

Tel No: \_\_\_\_\_

### AFTERSCHOOL CARE

I wish my child to attend the After School Club regularly during term time on:

Monday  Tuesday  Wednesday  Thursday  Friday  each week OR

I wish my child to attend the Club on an irregular basis YES/NO

Starting: \_\_\_\_\_

### YOUR CHILD'S SCHOOL

Name of School: \_\_\_\_\_ Tel No: \_\_\_\_\_

Teachers Name: \_\_\_\_\_ Time School Ends \_\_\_\_\_

I will inform (name) \_\_\_\_\_ at the school that my child will be collected by Birdhurst Kids Club.

**For after school care and/or holiday playschemes, please complete questions 1 – 7 and sign the Declaration.**

**1. PARENTAL RESPONSIBILITY (Please state relationship to child, printing names).**

1.1. Mr/Mrs/Ms Surname.....First Name.....  
 Employer’s Name .....  
 Address .....  
 .....  
 Post Code ..... Work Tel No .....

1.2. Mr/Mrs/Ms Surname ..... First name.....  
 Employer’s Name .....  
 Address .....  
 .....  
 Post Code ..... Work Tel No .....

**2. EMERGENCY CONTACTS**

If the staff cannot contact the people listed above, the following people can be contacted:

2.1. Name: ..... Relationship to Child.....  
 Address:.....  
 .....  
 ..... Tel No: .....

2.2. Name: ..... Relationship to Child.....  
 Address:.....  
 .....  
 ..... Tel No: .....

**3. COLLECTION OF YOUR CHILD FROM BIRDHURST KIDS CLUB**

3.1. Who will regularly collect your child?

Name: ..... Day Time Tel No: .....

Name: ..... Day Time Tel No: .....

Is there anyone who you do not wish to collect your child, or have contact with your child? If Yes, please give details:

.....  
.....  
.....

**4. MEALS**

We provide one snack meal each day during after school care and holiday playschemes. Children are also asked to provide their own picnic meal during holiday playschemes.

Is there any thing your child should not eat or drink YES/NO  
If YES please give details.

.....  
.....

**5. HEALTH**

- My child suffers from Asthma? YES/NO
- Suffers from any allergies? YES/NO
- Takes any medication? YES/NO
- Suffers from any physical condition? YES/NO
- Has she/he had a Tetanus Injection? YES/NO If so when? .....

If the answer to any of these questions is YES, please give details.

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**6. DOCTOR**

Name..... Tel No.....

Address.....

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**7. PHOTOGRAHS**

Each year Christian Family Concern produces an Annual Review, three newsletters and various other publicity and we like to make these as colourful and interesting as possible by including photographs of children taken during a typical day at Christian Family Concern.

If we take photographs that include your child we would be grateful if you could give consent for us to use them in our future published material, on our web site, in photographic displays and photograph albums.

*\* Please delete as appropriate.*

**\*I CONSENT / \*I DO NOT CONSENT** to photographs of my child being used in future publicity of Christian Family Concern.

**Signed:** .....

**DECLARATION**

**For After School Club only**

I/We authorise Birdhurst Kids Club staff to collect the child from school (***Please delete if not appropriate***).

I/We agree to notify Birdhurst Kids Club before 2.00 p.m. if we do not require the child to be collected from school that day. (***Please delete if not appropriate***).

**For After School Club and Holiday Playschemes**

I/We have read the Parents/Carers Information Leaflet.

I/We agree to the child receiving emergency medical treatment by a doctor if none of the people named on this form can be contacted.

I will notify Birdhurst Kids Club in writing if the information given on this form changes.

I enclose £.....my non-returnable deposit to cover the first weeks fees.

I will give 4 weeks notice in writing of the termination of this booking and understand full fees are payable during my notice period and during other absences.

Signed: ..... Date: .....

Signed: ..... Date: .....

Please tell us how you heard of Birdhurst Kids Club .....

***Please return this form to Wallis House, 42, South Park Hill Road, CR2 7YB***