



Registration Form

**All children who attend must be registered with the club(s).
1 form per child please.**

Childs Full Name

Child's preferred name

Class

Club(s) you would like child to attend (please tick box)

Sports club

Breakfast Club

Holiday Club

Afterschool club

Date of birth

Email Address

Home Address

Home Telephone No.

Daytime Telephone No.

Parent/Carer name(s)

Who does the child live with?

Name(s) and relationship to child

All Person(s) permitted to collect child in an emergency:

Name(s), relationship to child and tel no.

Password in case you (the Parent/Carer) are unable to collect your child:

Who has parental responsibility for child (all names)?

Who has legal contact with child?

Please continue on other side

Childs Doctors name

Surgery name and address

Surgery tel number

Does your child have one-to-one support in school? YES / NO

Does your child have any known disabilities? YES / NO

Details:

Additional information - i.e. special diets, allergies, health problems or anything else staff at the club should know about your child

I/We give permission for photographs of my child to be taken and used for the following purposes: Online media/press, printed media i.e, newspapers, leaflets. XTND, Bournville and Windwhistle websites and social media networks to communicate, promote and celebrate our work.

(please sign)

Permission for your child to take part in all food tasting and cooking activities

(please sign)

I /We consent to my child receiving medical treatment in an emergency

(please sign)

I/We understand that the out of school clubs cannot accept responsibility for children's possessions / valuables whilst they are attending the club.

(please sign)

Parent/Carers
full name

Signature

Date

THE ABOVE CONSENTS WILL APPLY THROUGHOUT AND BE FOR AN INDEFINATE PERIOD UNLESS OTHERWISE NOTIFIED DIRECTLY TO US BY YOURSELF.