

GILBERT'S GANG REGISTRATION FORM

Child's Full Name:		Preferred Name:	
Date of Birth:	Age	Class:	
Home Address:		Telephone Number:	
Post Code:			
Ethnic Origin:			
Name of Parent/Guardian:	Address:	Home Telephone number:	
	Work Address:	Work Telephone number:	
	Email Address:	Mobile Number:	
Name of Parent/Guardian:	Address:	Home Telephone number:	
	Work Address:	Work Telephone number:	
	Email Address:	Mobile Number:	
Name of Person/Persons with legal parental responsibility:	Address:	Home Telephone number:	
		Work Telephone number:	
		Mobile Number:	
<u>EMERGENCY CONTACT DETAILS</u>			
Named person 1:	Named person 2:	Named person 3:	
Relationship:	Relationship:	Relationship:	
Address:	Address:	Address:	
Telephone number:	Telephone number:	Telephone number:	
Mobile number:	Mobile number:	Mobile number:	

Details of any medical/dietary requirements:

Details of any known allergies:

Details of additional/special needs:

Details of any phobias/dislikes:

Details of medication currently being taken:

Details of favourite activities:

Please detail any other information you feel we need to know about your child:

During the holiday club provision we may take the children to the park, town, library etc and these outings are quite often decided on the day, we ask that you give your explicit permission to allow the playworkers to take your child 'off-site' for the purpose of these visits.

I (parent/carer) give my explicit permission for my child, to whom this form relates, to take part in ad-hoc outings from the club site accompanied by playwork staff from the setting.

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

We will always try to contact you or a nominated person in the event of your child becoming ill or injured at the club. If the child requires immediate medical attention, the management reserve the right to take the child by ambulance to the nearest Accident and Emergency department. Please sign below to give your explicit permission for an appropriate medical practitioner to give emergency aid to your child in the absence of yourself or nominated other but in the presence of club staff

I..... (parent/carer) give my explicit permission for club staff to take my child to hospital in the event of an emergency and to seek medical advice and treatment in my absence.

Signed.....Date:

Name and surgery of child's Doctor

Dr.....

Practice.....

From time to time we like to use photographs or videos of children with regard to marketing the setting, in displays or for the purpose of student coursework. Your child's family name will never be used in press releases or student coursework. Please sign below to give your explicit permission for us to use your child's photograph/video for suitable purposes.

I.....(parent/carer) give my explicit permission for my child's photo or video for displays, press releases and student coursework as deemed appropriate by Senior club staff.

Signed.....Date:

We all know from time to time that plasters are needed for knees, elbows etc please sign below if you agree to the club using hypo-allergenic plasters if needed

I.....(parent/carer) give my explicit permission for staff to use hypo-allergenic plasters on my child's skin should they need them.

Signed.....Date.....

I acknowledge that to the best of my knowledge the information provided on this form is accurate and true. I acknowledge receipt, understanding and acceptance of the terms and conditions of use of this club YES / NO (Please delete as appropriate)

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

Print Name:

Days you would like your child to attend: (please circle)

Monday		Tuesday		Wednesday		Thursday		Friday	
AM	PM	AM	PM	AM	PM	AM	PM	AM	PM

OFFICE USE ONLY

DATE FORM RECEIVED:	FIRST VISIT:	SECOND VISIT:

START DATE:

PROCESSED BY:		
(PRINT NAME)	(SIGNATURE)	(DATE)



Gilbert's Gang After School Club

Pupil Permissions

Parental consent to give explicit permission

(please circle your response)

Photographs/videos – for use within Gilbert's Gang premises	Granted	Denied
Photographs – for use in Gilbert's Gang publications	Granted	Denied
Photographs – for use on the Gilbert's Gang section of the school website (including e-copy of the newsletter)	Granted	Denied
Photographs – for use in school publications	Granted	Denied
Photographs – local press	Granted	Denied
Explicit permission to watch age appropriate PG films	Granted	Denied

Name.....

Relationship to child(ren).....

Signed.....Date.....