

Happy Times Care Club – Registration Form

Childs Name:	Date of Birth:
Address:	
	Postcode:
Home Phone Number:	
Mobile Phone Number:	
Who has Parental Responsibility:	
Who has Legal Contact:	

Mothers Name:	
Place of Work:	
	Postcode:
Contact Number:	Mobile Number:

Fathers Name:	
Place of Work:	
	Postcode:
Contact Number:	Mobile Number:

Please give details of people to contact in an emergency. Do not include parents.

Name:	Name:
Address:	Address:
Telephone Number:	Telephone Number:

Please give a password to be used in an Emergency when you are unable to collect your child. Only give this password to people who will collect your child and list their names below.

My password is:	
Name:	Name:
Name:	Name:

Special Needs, Allergies, Dietary Requirements	
Doctors Name:	Telephone Number:
Address:	

I have read and agreed to all of Care Club's policies and procedures (available on request) and I understand that the Child is of paramount importance to the staff. I understand that in providing the Care Service the Care Club may need to contact external agencies for help and advice when required.

I give permission for the Care Club to administer any first aid to the Child thought necessary, contact medical services for advice in emergencies and take the Child to hospital if required.	Yes/No*
I give permission for the Child to be in photographs taken within and to be used by the Care Club for internal purposes only.	Yes/No*
I will provide sun cream for my child whilst at Care Club otherwise I give permission for Care Club to provide the sun cream.	Yes/No*

Signed Date

For Admin Use Only:

*Delete as appropriate