

# The Saints Out of School Club

Password:

## Registration Form

### Child's Details

First name:	Surname:	What s/he likes to be called:
Date of birth:	Gender: MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	School attended / Class:

### Parent/Guardian details

#### FIRST POINT OF CONTACT

#### SECOND POINT OF CONTACT

Title:	First name:	Surname	Title:	First name:	Surname
Home address:			Home address (if different):		
Does this child normally live at this address? Yes / No			Does this child normally live at this address? Yes / No		
Main number:	Work number:	Other number:	Main number:	Work number:	Other number:
Email address:			Email address:		

### Emergency Contact Details (Please provide details of two people we can contact if we are unable to get hold of you)

Name:	Mobile number:	Telephone number:
Address:		Relationship to the child:
Name:	Mobile number:	Telephone number:
Address:		Relationship to the child:

### Emergency treatment / Child's Doctor - Important, please read and sign the statement below

I consent to any emergency medical treatment necessary during the running of the After School Club. I therefore authorise the Site Leader to sign on my behalf any written form of consent required by hospital authorities, should the delay required to obtain my signature be considered likely to endanger my child's health and safety.

**I do / do not give my consent. (Delete as appropriate.)**

#### Signature:

If you do not give consent, please give an alternative instruction:

Name of Doctor / Surgery:

Address:

Telephone:

### About your child

Please detail any additional/special needs your child has: (please provide full details)

Please detail any dietary requirements / food allergies for your child: (please provide full details)

What are your child's favourite activities?

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## Collection of your child

Please add below the name/s of additional adults who may be collecting your child– **must be over 16 years of age.**

Name: \_\_\_\_\_ Relation to child: \_\_\_\_\_

Name: \_\_\_\_\_ Relation to child: \_\_\_\_\_

Name: \_\_\_\_\_ Relation to child: \_\_\_\_\_

## Additional points

1. Do you give consent for your child being away from the The Saints OSC Club under supervision, to visit places within walking distance such as parks, libraries etc.?

Yes  No

2. Would you be willing for your child to have his/her photograph taken on site, which may be used in newsletters, posters, the website, our Facebook page etc for publicity purposes?

Yes  No

3. **You have read the Guidelines for parents / carers booklet and agree to the rules The Saints.**

Yes  No

**Signature of Parent/Carer:** \_\_\_\_\_

**Date:** \_\_\_\_\_

*(Please ensure you provide as much information as possible. At least two people are required as contacts.)*

**Bookings:** *(Please tick where appropriate if sessions are regular weekly.)*

Monday		Tuesday		Wednesday		Thursday		Friday	
Mini (4pm- £2)	<input type="checkbox"/>	Mini (4pm- £2)	<input type="checkbox"/>	Mini (4pm- £2)	<input type="checkbox"/>	Mini (4pm- £2)	<input type="checkbox"/>	Mini (4pm- £2)	<input type="checkbox"/>
Full (5.30pm-£5)	<input type="checkbox"/>	Full (5.30pm-£5)	<input type="checkbox"/>	Full (5.30pm-£5)	<input type="checkbox"/>	Full (5.30pm-£5)	<input type="checkbox"/>	Full (5.30pm-£5)	<input type="checkbox"/>

**Additional notes:** *(Anything else you think we should know.)*

## About us:

The Saints Out of school club @ St.John's CEP, Church Street, Blackpool, FY1 3NX

OfSTED URN:119595

Mobile number: 07960363386 (Texts only: 9am – 2.45pm, phone calls thereafter.)

Supervisor: Jodie Shorrocks

Playworker: Dot Stanton