

Out of School Club Registration Form

September 2019

No child can be admitted to The Mohair Centre without an up to date registration form.

CHILD'S DETAILS

Child's Full name:

Date of Birth:

Language Spoken at home:

Ethnicity/Culture:

PARENT'S/CARERS DETAILS.

Name: Relationship to the child: Address: Postcode: Home Telephone No: Mobile Telephone No: Place of Work: Work Telephone No:	Name: Relationship to the child: Address: Postcode: Home Telephone No: Mobile Telephone No: Place of Work: Work Telephone No:
Email Address:	Email Address:

**Please ensure we have an email contact as we send newsletters, invoices and nursery information via email.

EMERGENCY CONTACT DETAILS SOULD WE BE UNABLE TO CONTACT YOU.

Name:	Telephone No:	Relationship:
Name:	Telephone No:	Relationship:
Name:	Telephone No:	Relationship:

Who does the child permanently live with

Are there any contact restrictions for the child: Yes / No please indicate.....

Can you let us know the details of your child's school:

Can we contact them: Yes/ No

Are any other professionals involved with your child / family e.g. Teaching Support Service, Speech and language, Children's Social Care Team, any adult services:

Please give details:

.....

MEDICAL DETAILS

Doctor's Name:

Surgery Address:

Telephone No:

Health Visitor's Name:

Telephone No:

Known Allergies:

Medical conditions:

Special Dietary requirements:

Any Other Information you feel we should know:

We require parental consent. Please sign to give consent.

- In the event of an emergency I give permission for The Mohair Centre to seek emergency medical advice/ assistance.....
- I give permission for The Mohair Centre to keep records about my child.....
- I give permission for the application of sun cream.....

- Fishing (under supervision).....
- Pony Riding.....
- Being transported in staff cars (with prior notice).....
- Using face paints & non-permanent tattoos.....
- **I UNDERSTAND THAT THE MOHAIR CENTRE CAN ONLY ADMINISTER MEDICINE IF IT IS GIVEN ON REGISTRATION & ENTERED ONTO A MEDICATION FORM**

Digital photograph and film footage permission

I/we give permission for the Mohair Centre, to take photographs or film footage (taken on either the dedicated camera or iPad) of the child named below for the reasons we have indicated.

Please tick which statements you give permission for thank-you.

- to record the child's daily routine
- to support the Mohair Centre's staff course-work
- to support the Mohair Centre's promotional literature
- to support the Mohair Centre Newsletter, e-mailed to all parents
- to support the Mohair Centre's website
- other publications, such as the local newspaper
- the Mohair Centre's scrapbooks/publicity/displays on site
- to put in our monthly newsletter

Please note any photographs or video footage stored electronically will be stored securely.

By law the Mohair Centre is registered with the Information Commissioner's Office (ICO) as a data controller. For further information please read our full photograph and film footage policy and or visit the ICO website at:

http://www.ico.gov.uk/what_we_cover/data_protection/notification.aspx

Child's name	
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Date	
Parent/Carer(s)' name	
Parent/Carer(s)' signature	
Date	
Parent/Carer(s)' name	
Parent/Carer(s)' signature	

Please indicate how you will be paying fees : BACS / Child care vouchers/ cheque or cash, if using BACS please ensure that your child is identified on the BACS reference and this is clearly marked ASC.

If you will be paying via child care vouchers which voucher company will you be using.....

Please use the child's name as a reference when paying with voucher's or directly into our bank account to help us track payments.

I/we wish to register my/our child . I agree once a place has been confirmed for my child, I will be **bound by the settings policies, procedures and the terms and conditions of The Mohair Centre as provided in the parent handbook.**

SIGNED.....Parent/Guardian DATE:

Please return the completed form to: OUT-OF-SCHOOL Mohair Centre, Brickfield Farm, Lewes Road, Laughton BN8 6JG