

# RAINBOW OUT OF SCHOOL CLUBS LTD

## Registration Form

Rainbow Out Of School Clubs LTD at: \_\_\_\_\_ Date: \_\_\_\_\_

### **Details of the Child:**

Full Name of Child: \_\_\_\_\_

Preferred Name/Known As: \_\_\_\_\_

Address (Including Post Code):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age of Child: \_\_\_\_ Position In Family: \_\_\_\_\_

Name of School your child attends: \_\_\_\_\_

Gender: \_\_\_\_\_

Ethnicity: \_\_\_\_\_ Religion (if any): \_\_\_\_\_

Is English your child's first Language ? \_\_\_\_\_ If No, please specify: \_\_\_\_\_

Language spoken at home: \_\_\_\_\_

### **Parent/Guardian Details:**

Name (Including Title): \_\_\_\_\_

Contact Address (Including Post Code):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mobile Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Home Number: \_\_\_\_\_

Surgery/Dr Name: \_\_\_\_\_

Doctor's Address (Including Post Code):

\_\_\_\_\_  
\_\_\_\_\_

Dr's Telephone Number: \_\_\_\_\_

Please record the names of **ANYONE ELSE** who has Parental Responsibility for your child.

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Mobile Number: \_\_\_\_\_ Home Number: \_\_\_\_\_  
Address: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Mobile Number: \_\_\_\_\_ Home Number: \_\_\_\_\_  
Address: \_\_\_\_\_

**PLEASE LIST ALL OTHER PERSONS AUTHORISED TO COLLECT MY CHILD: (MUST BE AGED 18)**

Name: \_\_\_\_\_  
Mobile Number: \_\_\_\_\_ Home Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_  
Mobile Number: \_\_\_\_\_ Home Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_

Name \_\_\_\_\_  
Mobile Number: \_\_\_\_\_ Home Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_  
Mobile Number: \_\_\_\_\_ Home Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_  
Mobile Number: \_\_\_\_\_ Home Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_

**Emergency Names and Telephones Numbers if different to authorised persons to collect:**

Full Name (Including Title):

Relationship to Child:

Mobile Number:

Home Number:

Work Number:

Is this person authorised to collect your child? Yes:  No:

Full Name (Including Title):

Relationship to Child:

Mobile Number

Home Number:

Work Number:

Is this person authorised to collect your child? Yes:  No:

Full Name (Including Title):

Relationship to Child:

Mobile Number:

Home Number:

Work Number:

Is this person authorised to collect your child? Yes:  No:

**Additional Information:**

Please list any agencies who are involved with your child (e.g. Family Liaison Officer or Social Services)

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Does your child have any medical conditions or take any medication for any reason and whether emergency medical treatment could be required?

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Does your child have any special dietary requirements, allergies and significant food and drink preferences ?

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Does your child have any additional requirements, including special educational needs and/or physical disabilities or any significant behavioural issues ?

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Please inform us of any other information you wish to share with us:

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**Sessions Required:**

**Please specify what days of the week you would like for breakfast and/or after school club**

Breakfast Club:

After School Club:

**Consent:**

I give permission for my child's photograph to be taken:

Yes:  No:

**(Pictures may be used to display on noticeboard, photobooks, scrapbooks – NOT ON THE INTERNET)**

I give permission for a member of staff to administer an epipen or inhaler if required:

Yes:  No:

I agree to a member of staff applying sun cream to my child if required:

Yes:  No:

I give permission for my child's details to be shared with other Settings that they attend to help provide continuity of care and accurately track my child's learning and development:

Yes:  No:

I give permission for Rainbow Out Of School Clubs Ltd to store data relating to myself and my

Family. I understand that data may be shared if my child's welfare is at risk and that my data will never be sold. Rainbow Out Of School Clubs Ltd only stores information that is lawful and will be processed correctly and where necessary to provide good quality childcare and in order to meet my child's needs. I give permission for Rainbow Out Of School Clubs Ltd to contact me regarding other events, such as Summer Holiday Club/Charity events. I understand that any data relating to finance will be held indefinitely as part of the accounting system and will only be used for financial purposes.

If you select NO, please contact us so we can discuss this with you.

Yes:  No:

**\*I AGREE** to my child attending breakfast/after school club and understand the nature of the activities involved. In the event, that I, as parent/guardian, cannot be reached in an emergency when my child is at breakfast/after school club, I agree to medical and dental treatment being given to my child. This may also include the administration of a general anaesthetic or surgical operation in the case of a medical emergency. Any such action will be in accordance with the recommendation of a qualified medical practitioner. I confirm that the details I have given on this form are correct to the best of my knowledge.

**\*I DO NOT** agree with the medical declaration for the following reasons/medical care plan in place. **Please attach further information on a separate piece of paper.**

Parent/Guardian Name:

Parent/Guardian Signature:

Date:

\*Delete as appropriate.

I agree to the terms and conditions (available on our website [www.rainbowschoolclubs.com](http://www.rainbowschoolclubs.com)) and agree to give 4 week's notice to cancel a place at any time. I agree to pay the amount invoiced and understand that I will still be charged if my child does not attend the club for any reason as per the terms and conditions.

Parent/Guardian Name:

Parent/Guardian Signature:

Date: