**Registration Form FOR SIBLINGS**

**CHILDS DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| Childs Name |  | Date of Birth |  |
| School |  | Class |  |
| Brothers / sisters who attend Villagers Names | | | |

**PARENTS/CARERS DETAILS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name |  | | Name |  | |
| Address |  | | Address |  | |
| Postcode |  | | Postcode |  | |
| Tel. No. | Home |  | Tel. No. | Home |  |
| Tel. No. | Work |  | Tel. No. | Work |  |
| Tel. No. | Mobile |  | Tel. No. | Mobile |  |

**DAILY USE**

Please tick requirement

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | Wednesday | Thursday | Friday |
| Breakfast Club |  |  |  |  |  |
| After school |  |  |  |  |  |

**DOCTOR/MEDICAL PRACTICE**

|  |  |  |
| --- | --- | --- |
| Name |  | Medical Information. (Allergies/regular medication) |
| Address |  |
| Postcode |  | Dietary Requirements |
| Tel. No. |  |

**PERSONS WHO MAY BE PERMITTED TO COLLECT CHILDREN FROM THE CLUB OTHER THAN PARENT/CARER**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Name |  |
| Address |  | Address |  |
| Tel. No. |  | Tel. No. |  |
| Relationship |  | Relationship |  |

**ALTERNATIVE / EMERGENCY CONTACT INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Name |  |
| Address |  | Address |  |
| Tel. No. |  | Tel. No. |  |

The information contained in this form is confidential and will only be shared under appropriate circumstances.

I will keep the club informed of any changes to the information on this form.

Signature of Parent/Carer: ……………………………….. Date: ………….........

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Date of Birth** |  |

# CONSENT TO TAKE PART IN REGULAR ACTIVITIES

As a regular part of your child's involvement with the club, he/she may take part in a range of activities out with the club's premises, e.g. supervised swimming, walks, museums, visits to local parks, cinemas and may travel in local authority mini buses or public transport.

I agree that my child may take part in the regular programme of activities organized and supervised by members of staff at the club.

I consent to my child's photograph being taken as a record of an activity he/she may have taken part in or for publicity reasons relating to The Livingston Village Out of School Care Project.

MORE HAZARDOUS ACTIVITIES SUCH AS, CANOEING, SKIING OR VISITS TO ADVENTURE PLAYGROUNDS, WILL NOT BE REGULAR FEATURES OF THE PROGRAMME AND PARENTS/GUARDIANS WILL BE ASKED TO GIVE SPECIFIC CONSENT FOR THEIR CHILD TO PARTICIPATE IN ACTIVITIES SUCH AS THESE.

Signature of Parent / Carer:……………………………………………….. Date:……………..

# MEDICAL AUTHORISATION

In the event of illness or accident whilst my child is in the care of the club, I authorize you as a responsible member of staff, to sign on my be half any written form or consent required by the hospital authorities, if the delay required to obtain my signature is deemed inadvisable by the Doctor concerned, in terms of administering any medical, surgical or anesthetic treatment to my child.

Signature of Parent / Carer:……………………………………………….. Date:……………..

# DECLARATION

If my child requires medication during the time he/she is in the care of the club, I undertake to supply any tablets; capsules or other medicines prescribed by a Doctor for my child, along with precise written information concerning dosage, possible side effects etc. to t he play coordinator.

I also undertake to inform the club if my child has recently been in contact with any infectious diseases.

I have read and understood the above sections and hereby give my consent and authorization from the date of signature until my child ceases to be a member of the club or until I withdraw the consent in writing.

Signature of Parent / Carer:……………………………………………….. Date:……………..

Witnessed by Staff Member:……………………………………………….. Date:……………..