

EXPIRES END AUG 2019

PLEASE RETURN TOGETHER WITH ANNUAL REGISTRATION FEE TO: Kids Club Ely
Ltd, Ely St John's Community Room, St John's Road, Ely. CB6 3BW

£8 Re-new current registration

£10 New registration



KIDS CLUB ELY LTD

CONFIDENTIAL REGISTRATION FORM

THIS FORM IS TO REGISTER ONE CHILD ONLY; PLEASE USE INDIVIDUAL FORMS FOR ADDITIONAL CHILDREN

CHILDS DETAILS

FIRST NAME	SURNAME	WHAT THEY LIKE TO BE CALLED
DATE OF BIRTH	SCHOOL	EYFS CHILD 2018/2019
CURRENT AGE	CLASS	

PARENT/GUARDIAN DETAILS

PLEASE INFORM US IF EITHER PARENT DOES NOT HAVE LEGAL PARENTAL RESPONSIBILITY

FIRST NAME	SURNAME	FIRST NAME	SURNAME
HOME ADDRESS		HOME ADDRESS	
HOME NUMBER		HOME NUMBER	
WORK NUMBER		WORK NUMBER	
MOBILE NUMBER		MOBILE NUMBER	
EMAIL		EMAIL	

ALTERNATIVE CONTACT DETAILS

PLEASE PROVIDE DETAILS OF SOMEONE WE CAN CONTACT IF WE ARE NOT ABLE TO GET HOLD OF YOU

NAME	TELEPHONE
	MOBILE
NAME	TELEPHONE
	MOBILE

DOCTORS DETAILS

NAME OF DOCTOR	ADDRESS OF DOCTOR	TELEPHONE NUMBER
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ABOUT YOUR CHILD

PLEASE GIVE DETAILS OF ANY SPECIAL NEEDS OR HEALTH PROBLEMS, INCLUDING DIETARY, ALLERGIES AND SPECIAL EDUCATIONAL NEEDS:

IS A CAF (COMMON ASSESSMENT FRAMEWORK) IN PLACE FOR YOUR CHILD	YES	NO
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DO YOU CONSENT TO THE USE OF PHOTOGRAPHS THAT MAY INCLUDE YOUR CHILD, FOR THE PURPOSE SUCH AS TRAINING, OR PUBLICISING THE CLUB?	YES	NO
DO YOU CONSENT TO THE USE OF FACEPAINTS ON YOUR CHILD - HOLIDAY CLUB ONLY	YES	NO

I WOULD LIKE TO REGISTER MY CHILD FOR THE FOLLOWING - PLEASE TICK AS APPROPRIATE	
<input type="checkbox"/>	BREAKFAST CLUB (ELY ST JOHN'S CHILDREN ONLY)
<input type="checkbox"/>	AFTER SCHOOL CLUB (ELY ST JOHN'S CHILDREN ONLY)
<input type="checkbox"/>	HOLIDAY CLUB

BREAKFAST BUDDIES - DELIVERY OF CHILDREN INTO SCHOOL

**PLEASE TICK AS APPROPRIATE

JUNIORS (YEARS 3, 4, 5, 6)	
I CONSENT TO MY CHILD TO BE SEEN INTO THE SCHOOL PLAYGROUND NO EARLIER THAN 8.40AM. I UNDERSTAND THAT 'BREAKFAST BUDDIES' ARE NO LONGER RESPONSIBLE FOR MY CHILD FROM THAT POINT	
INFANTS (YEARS 1 & 2)	
I UNDERSTAND THAT A MEMBER OF BREAKFAST BUDDIES STAFF WILL SEE MY CHILD INTO THE SCHOOL PLAYGROUND AND REMAIN AVAILABLE UNTIL THE BELL GOES	
FOUNDATION	
I UNDERSTAND THAT A MEMBER OF BREAKFAST BUDDIES STAFF WILL SEE MY CHILD INTO THE FOUNDATION CLOAKROOMS.	

COLLECTION OF CHILDREN - AFTER SCHOOL CLUB

JUNIORS (YEARS 3, 4, 5, 6)	
I UNDERSTAND THAT MY CHILD WILL BE MET BY KIDS CLUB STAFF AT THE SIDE GATE TO THE COMMUNITY ROOM IMMEDIATELY AFTER SCHOOL FINISHES AT 3.05PM.	
INFANTS (FOUNDATION, YEARS 1 & 2)	
I UNDERSTAND THAT MY CHILD WILL BE COLLECTED FROM THE CLASSROOM BY A KIDS CLUB ELY MEMBER OF STAFF PROMPTLY AT 3PM	
I AUTHORISE MY CHILD TO SIGN THEMSELF OUT OF THE AFTER SCHOOL CLUB AT _____ PM ON _____ FOR THEM TO WALK HOME/ ATTEND AN AFTER SCHOOL CLUB.	
I UNDERSTAND THAT KIDS CLUB ELY WILL NOT TAKE RESPONSIBILITY FOR THEM FROM THAT TIME	
SIGNED _____	

DECLARATION

I consent to my child attending Kids Club Ely Ltd, I understand that the club has policies and procedures and that there are exceptions and obligations relating to the club, myself and my child agree to abide by them.

I give permission for a trained member of staff to administer appropriate first aid if required

I give permission for Kids Club Ely to seek any necessary emergency medical advice or treatment in the event that my child is involved in a serious accident. I expect to be contacted immediately on the telephone numbers I have given overleaf.

Late collection will result in a charge of £1 per minute. I understand that persistent late or non payment of fees may jeopardise my child's continued place.

I confirm that the information given on this form is correct and agree to notify the club of any changes.

I understand that the information given on the registration form is confidential.

I am aware that on occasion Kids Club Ely Ltd may need to share information relating to my child with other people.

I am aware that Kids Club Ely Ltd has a duty to report suspected child abuse or neglect.

I have read the above conditions for my child attending Kids Club Ely & Breakfast Buddies.

NAME OF PARENT/CARER _____	DATE _____
SIGNATURE OF PARENT/CARER _____	