



C.I.C

CHILDREN'S REGISTRATION FORM FOR PLAYWORLD NEW FOREST C.I.C OUT OF SCHOOL CLUB

Ofsted Registration Number: EY427719 NETLEY MARSH

Registered address: 3 Beechdale Walk, Calmore, Totton, Southampton SO40 2GJ

Contact number Sarah Godfroy : 07808 166064

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Email: sgplayworldnewforestcic@gmail.com

Child's First Name..... Age.....

Child's Surname..... Boy/Girl

Child's preferred name.....

Date of Birth ___ / ___ / ___ Nationality..... Religion.....

Home Address.....

Home Telephone Number.....

Email address.....

Child's School:.....

Medical Details:

Doctor's Name.....

Surgery Address.....

Surgery Telephone number:.....

Please give details of any medical conditions your child has:

Details of any regular medication:

Known allergies:

Specific dietary requirements:

Does your child have any special educational needs? YES/NO (If yes, please give details on a separate sheet.)

In the event of any illness or accident I hereby give consent for my child to receive any necessary emergency medical treatment which might include the use of anaesthetics. My child is/is not allergic to any of the contents within the Club's medical box. (Please ask to see or for details of the contents)

Parent/Guardian signature.....



EMERGENCY CONTACT NUMBERS:

It is extremely important that we can contact you during the session should there be a problem with your child. Please therefore, give the details of both parents where possible and at least one other contact person indicating which order they should be contacted.

Mothers name.....Mrs/Miss/Ms
 Home telephone number.....
 Work telephone number..... Mobile.....
 Home address.....

 Daytime address (if different from home):.....

 Contact order (please circle) 1 2 3 4

Fathers name.....
 Home telephone number.....
 Work telephone number..... Mobile.....
 Home address.....

 Daytime address (if different from home):.....

 Contact order (please circle) 1 2 3 4

Name of contact person:
 Daytime phone number:.....
 Daytime address:.....

 Contact order (please circle) 1 2 3 4
 Relationship to child:.....

Name of contact person:
 Daytime phone number:.....
 Daytime address:.....

 Contact order (please circle) 1 2 3 4
 Relationship to child:.....

I give permission for the following people to collect my child:

.....
 (Please inform staff on the day if any other person is to collect your child)

	Breakfast Club	After School Club
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		



Permission Form:

I do/I do not give permission for a member of Playworld New Forest C.I.C staff to transport my child in case of emergency (I understand that staff will do their best to inform me first)

Signature of Parent/Guardian..... Date:.....

I do/I do not give permission for Playworld New Forest C.I.C staff to use photographs for publicity and marketing purposes and displays and planning. (No names will be used).

Signature of Parent/Guardian..... Date:.....

I do/I do not give permission for Playworld New Forest C.I.C to correspond with my child's school, concerning their school activities, their well-being, EYFS (if applicable) and any additional support they may need.

Signature of Parent/Guardian..... Date:.....

I enclose a refundable administration fee of £25.00 (£20.00 if more than one child) (Please make cheques payable to Playworld New Forest C.I.C) I understand that this will be refunded to me when my child no longer requires their place.

Signature of Parent/Guardian..... Date:.....

I have read Playworld New Forest C.I.C terms and conditions and agree to comply with them.

Signature of Parent/Guardian..... Date:.....

I do/I do not give permission for an insured member of staff of Playworld New Forest CIC to transport my child to and from Netley Marsh to Bartley. I understand that staffs are DBS checked, have appropriate insurance, and will provide car seats.

Signature of parent/Guardian..... Date:.....