

RAINBOW OUT OF SCHOOL CLUBS LTD – REGISTRATION FORM

Childs Full Name Child's preferred name:		Age of Child:	Date of Birth:
School Attending:			MALE FEMALE Please X Correct Answer
Child's home address (including Postcode):			
Ethnicity:	Is English your child's first language? If no, please specify:	Language spoken at home:	Position in Family:
Child's Religion (If Any)			
Parent/Guardian details – Please complete details in FULL including Title.			
1 st Contact Name		2 nd Contact Name	
Relationship to Child		Relationship to Child	
Home address		Home address	
Home Telephone Number		Home Telephone Number	
Mobile number		Mobile number	
E-mail		E-mail	
Workplace		Workplace	
Work Contact Number		Work Contact Number	
Parental Responsibility?	YES NO Please X correct answer	Parental Responsibility?	YES NO Please X correct answer
Is there any named person who should NOT have LEGAL access to your child?	(Please complete ONLY if there is a court order in place)		
Doctor's/Surgery Name, address and Phone number.			
Allergies/Intolerances, Special Dietary Restrictions or specific food likes or dislikes?			
Is emergency treatment likely to be required? For example, your child may require an epi-pen or asthma inhaler.			
Medical conditions or additional needs such as behavioural conditions?			
Does your child take any regular medication? If so, please state name & dosage.			
Please list any agencies involved with your child e.g Social Services or Family Liaison officer			
Is there any other relevant information regarding your child?			

Details of anyone else authorised to collect your child, who will also be used as your additional EMERGENCY CONTACT: Must be Aged 18+	Contact 1: Name: Address: Relationship to Child: Phone Number:	Contact 2: Name: Address: Relationship to Child: Phone Number:
CONSENT: I give permission for my child's photograph to be taken.	YES NO Please X your answer	Photographs will be used for noticeboards, scrapbooks, children's projects. Photographs will not be used on the internet/social media.
I give permission for a member of staff to apply sunscreen to my child if required.	YES NO Please X your answer	
HOLIDAY CLUB: I give permission for my child to participate in Forest School Activities including Campfires.	YES NO Please X your answer.	

SESSIONS REQUIRED (Please state days of the week):

Breakfast Club:

After School Club:

RAINBOW CLUB ACTIVITIES:

I understand that Rainbow Club will provide activities deemed suitable for the age range, this may include Outdoor Risky play, Science Experiments, PG rated movie nights, messy play, water fun etc.

GDPR:

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.

I understand my data will never be sold.

Rainbow Out of School Clubs Ltd only stores information that is lawful and will be processed correctly, 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.

PARENT NAME:	SIGNATURE:	DATE:
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EMERGENCY MEDICAL CONSENT:

I understand the nature of the activities involved when my child attends Rainbow Out of School Clubs Limited. In the event of an emergency, I give consent to the seeking of any necessary emergency medical advice or treatment (including a general anaesthetic or surgical operation) in accordance with a recommendation of a Qualified Medical Practitioner.

I understand that any treatment or procedure may go ahead in the event that I can not be contacted:

PARENT NAME:	SIGNATURE:	DATE:
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PLEASE CONTACT US IF YOU DO NOT AGREE TO THIS MEDICAL DECLARATION:

PAYMENT TERMS AND CONDITIONS:

I agree to the payment terms and conditions which can be found at: www.rainbowschoolclubs.com

I agree to give four weeks notice to cancel my contracted booking in its entirety at any time.

I agree to pay the invoices issued to me.

I agree to pay for all sessions, and I understand that I will still be charged if my child does not attend for any reason.

PARENT NAME:	SIGNATURE:	DATE:
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