



**The Activity Club Registration Form - One Form per Child**

**Name of Child**

Surname ..... Forename .....

Middle names ..... Known as .....

Age on entry .....years .....months Date of birth .....

Male/Female

Preferred Start Date: .....

**Days Attending:**

***(Morning Club)*** Mondays/Tuesdays/Wednesdays/Thursdays/Fridays

***(After School Club)*** Mondays/Tuesdays/Wednesdays/Thursdays/Fridays

**PARENTS/GUARDIANS**

Surname ..... Surname .....

Forename ..... Forename .....

Address ..... Address .....

Postcode ..... Postcode.....

Telephone No..... Telephone No.....

Email address.....

**Name of adults permitted to collect your child from the After School Club.**

Name..... Name .....

Name..... Name.....



**EMERGENCY CONTACTS**

Please give details of persons who can be contacted in an emergency, if parents are unavailable. Please place them in the order in which you wish them to be contacted:

1. Surname ..... Forename .....

Relationship to child .....

Address .....

..... Postcode ..... Telephone .....

Mobile:.....

2. Surname ..... Forename .....

Relationship to child .....

Address .....

..... Postcode ..... Telephone .....

Mobile:.....

**HEALTH/WELFARE**

Doctor.....

Address.....

Postcode..... Tel. No. ....

**Medical Information**

Does your child have any medical conditions we should know about? If so please describe.....

Are there any medicines your child takes regularly eg for asthma or life threatening conditions eg. allergic reaction requiring epi-pen? .....



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If yes, please contact the Activity Club for a copy of the Administering Medicines Policy and to discuss this with the Manager. Please note that no medicines can be administered without prior consent.

Is there any food/s that your child must not eat?.....

Any other information which may be relevant to ensure that the Activity Club meets your child's needs.....

Name of school you want your child collected from including which year they are in.....

### CONSENT TO EMERGENCY MEDICAL TREATMENT

I consent to any emergency medical treatment necessary during the course of my child's attendance at the Activity Club. I therefore authorise the staff to sign on my behalf any written form of consent required by the medical authorities concerned should the delay required to obtain my signature be considered by the medical authorities likely to be prejudicial to my child's health and safety.

YES/NO (Please circle your response)

I have read and accept the Terms and Conditions of the Activity Club.

Signature of Parent/Guardian & Date.....

Print Name.....

***To register, please sign and date this form, the terms and conditions (set out below) and send it with your deposit to secure your Childs place at the Activity Club.***

***Please send to 'The Community Academy', 29 Tapley Road, Chelmsford Essex, CM1 4XY***

***Alternatively bank transfer via;***

***HSBC; Account Name - The Community Academy***

**Account Number 62204487 Sort Code 40-17-08**

***Reference your oldest Childs name in full***

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