

**Victoria Centre Out of school activities  
Registration form**

**CHILD INFORMATION:**

Childs name:..... Childs DOB:..... Male/female

Address:.....  
.....  
.....  
.....

Home telephone number:.....

School child attends:..... Class:.....  
Ethnicity:..... Religion:.....  
Home language:.....

**PARENTS/CARERS INFORMATION:**

Principle carer:.....	Secondary carer:.....
Address (if different to above):.....	Address (if different to above):.....
.....	.....
Mobile telephone no:.....	Mobile telephone no:.....
Work telephone no:.....	Work telephone no:.....
Home telephone no:.....	Home telephone no:.....
Email address:.....	Email address:.....

**OTHER ADULTS AUTHORISED TO COLLECT CHILD & EMERGENCY CONTACTS (in emergency we shall always try and contact principle carer first, then continue down list as written)**

Name:.....	Relationship to child:.....
Telephone no:.....	Authorised Password:.....

Name:.....	Relationship to child:.....
Telephone no:.....	Authorised Password:.....

**MEDICAL & DIETARY REQUIREMENTS:**

Doctors name:.....  
Surgery address:.....  
.....  
.....  
Surgery telephone no:.....

Are your child's vaccinations up to date?.....

Please give details of any allergies your child suffers from:.....  
.....

Does your child have any ongoing or previous health problems?:.....  
.....

Does your child have any dietary requirements?:.....  
.....

Please state any behaviour issues we should be aware of:.....

## **Victoria Centre Out of school activities Consent & parent contract**

### **MEDICAL CONSENT:**

I consent to my child receiving emergency medical treatment, including treatment involving anaesthetic being given by emergency services. I hereby authorise the staff to sign any form of consent required by a hospital authority if a doctor believes that a delay in getting my signature will put my child's health & safety at risk.

YES/NO (please circle) Parent signature:..... Date:.....

### **PHOTOGRAPHS:**

On some occasions staff may take photographs of children taking part in activities for display purposes, publicity or local newspapers. Please circle if you agree to your child being involved in such photographs

YES/NO (please circle) Parent signature:..... Date:.....

### **TRIPS:**

I consent to the Victoria Centre Out of school activities staff taking my child on supervised local trips, eg: park, library, shops etc

YES/NO (please circle) Parent signature:..... Date:.....

On days when coach trips are planned all the children will attend the trip. I consent to my child going on planned coach trips.

YES/NO (please circle) Parent signature:..... Date:.....

**I agree to pay all fees due in advance (by the Friday before the start of the week) and in full for each week/month  
I understand that I will be charged £15 per 15 minutes, or part thereof, if I am late collecting my child.**

Parent signature:..... Date:.....

I consent to occasional use of face paints on my child.

YES/NO (please circle) Parent signature:..... Date:.....

I consent to my child being able to use a bouncy castle

YES/NO (please circle) Parent signature:..... Date:.....

I will make sure that my child wears appropriate clothing for the weather conditions, including a coat or sun hat. During warm weather I will supply my child with sun lotion (staff will remind children to apply this at regular intervals)

I will inform the Victoria Centre of any changes in circumstances that may affect my child, including changes to emergency contact details.

Parents signatures:..... Date:.....

**Please note: Without a fully completed registration form, no child may be left at Victoria Centre Out of school activities programme. If fees are not paid in advance we will NOT collect your child from school or allow them to be left with us.**

Victoria Centre processes and stores data in both paper format and digital formats. Should you wish to see what data we (Victoria Centre) hold please do so in writing in for the attention of the Centre Manager. Victoria Centre stores your personal information for marketing purposes, personal details are not shared with any third party and you may opt out any of your chosen methods of contact anytime by following the instructions on the email signup confirmation or in person.

Please tick the boxes to 'Opt in' for your preferred methods of contact.

**Email**       **Text Message**

**Post**       **Phone**