

# Cowlersley Community Out of School & Holiday Club

## Registration Contract

Childs Full Name \_\_\_\_\_

Childs Date of Birth \_\_\_\_\_

Address and Post Code \_\_\_\_\_

\_\_\_\_\_

Religion or Religious Beliefs \_\_\_\_\_

Parent/Guardian details, this must be the person with parental responsibility for the child:

Name \_\_\_\_\_

Contact Numbers:

Home \_\_\_\_\_

Mobile \_\_\_\_\_

Work \_\_\_\_\_

Partners Details if applicable:

Name \_\_\_\_\_

Contact Numbers:

Home \_\_\_\_\_

Mobile \_\_\_\_\_

Work \_\_\_\_\_

Date you would like this contract/childcare services to start \_\_\_\_\_

Would you like to be added to our email/text list in order to receive details of events, holiday provision and closures? YES \_\_\_\_\_ NO \_\_\_\_\_

Email Address \_\_\_\_\_ Mobile Number \_\_\_\_\_

**Please return this completed form to Mrs Emily Edgar, Cowlersley Out of School Club, c/o Cowlersley School, Main Avenue, Cowlersley, Huddersfield, HD4 5US.**

Please provide details of any special dietary requirements for your child:

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Please provide details of any medical conditions or allergies that we should know about for your child:

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Childs Doctor:

Name \_\_\_\_\_

Address

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Telephone Number \_\_\_\_\_

Parental permission must be requested at the time of the child's admission to the provision, to seek emergency medical advice and or treatment if necessary.

I \_\_\_\_\_ (parent name) give permission for the provision to seek medical advice and or treatment for \_\_\_\_\_ (childs name) in the future whilst in their care.

Please provide details of any other adults who are authorised to collect your child from the club:

Name \_\_\_\_\_

Telephone Number \_\_\_\_\_

Password \_\_\_\_\_

Can this person be contacted in an emergency? Yes / No

Name \_\_\_\_\_

Telephone Number \_\_\_\_\_

Password \_\_\_\_\_

Can this person be contacted in an emergency? Yes / No

Is there any other information you would like to say about your child? e.g Phobias, fears, likes, dislikes etc \_\_\_\_\_

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During our sessions and activities we may visit places outside the setting such as parks and places of interest for short trips. In order for your child to participate you need to give your permission.

**I agree to my child taking part in short trips off site during sessions with the club**

**Yes / No      Signed \_\_\_\_\_      Date \_\_\_\_\_**

**I give permission for photographs of my child to be displayed in the club Yes / No**

**I give permission for photographs of my child to be used on the club website Yes / No**

**I give permission for photographs of my child to be used on the club social networking page Yes / No**

I have read, understood and agree to the terms and conditions of the club that we provided in the welcome pack along with this application form.

Signed \_\_\_\_\_      Print \_\_\_\_\_

Date \_\_\_\_\_