



*Rascals After School Club*

## **Registration Form**

### **Personal Details**

<b>Child's Full Name:</b>	
<b>Home Address:</b>	<b>Postcode:</b>
<b>Home Telephone Number:</b>	<b>Date of birth:</b>
<b>Child's Religion:</b>	<b>Ethnic Origin:</b>
<b>Gender:</b>	

### **Parent(s) or Carer(s) details**

<b>Mother/Carer's full name</b>	<b>Father/Carer's full name</b>
<b>Mother/Carer's address (if different from above)</b>	<b>Father/Carer's address (if different from above)</b>
<b>Telephone Number</b>	<b>Telephone Number</b>
<b>Mother/Carer's Occupation</b>	<b>Father/Carer's Occupation</b>
<b>Employer's Address</b>	<b>Employer's Address</b>
<b>Employers Telephone Number (incl ext)</b>	<b>Employers Telephone Number (incl ext)</b>

### **Name of person collecting child if different from above**

<b>Name</b>	<b>Name</b>
<b>Address</b>	<b>Address</b>
<b>Telephone</b>	<b>Telephone</b>

**Medical Details**

<b>Name of child's doctor</b>	
<b>Surgery Address</b>	<b>Telephone Number</b>
Immunisation History –	
<input type="checkbox"/> Diphtheria/tetnus/polio    Last given:	
<input type="checkbox"/> Whooping Cough <input type="checkbox"/> MMR <input type="checkbox"/> Meningitis C <input type="checkbox"/> Hib	

<b>Infectious Illnesses?</b>

<b>Allergies?</b>

<b>Other information you think we should know including health issue or dietary requirements?</b>

**When would like your child to attend the club?**

<b>Proposed starting date</b>	
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*Please tick*

☐ Monday    ☐ Tuesday    ☐ Wednesday    ☐ Thursday    ☐ Friday

There is a one-off registration fee of £ \_\_\_\_\_ for your child

**Consent**

While attending Rascals, your child will participate in a wide range of activities, one of which is face painting. It is very important, as some children are sensitive to face paint, that we have your consent to your child's face being painted

☐ Yes    ☐ No

The club would like to compile a photographic display of the children participating in various activities at Rascals. Please indicate whether you are willing for your child's photograph to be taken and displayed on the club's notice board

☐ Yes    ☐ No

**I agree to the rules and conditions**

<b>Signature</b>	<b>Relationship to child (parent/guardian etc)</b>
<b>Date (DD/MM/YYYY)</b>	

*Please return this form to: Rascals After School Club c/o 5 Carnegie Drive, Lakeside, Cardiff,  
CF23 6DH Phone: 07908775390*

**RASCALS**  
**Rhiwbina After School Club, Cardiff, CF14 6HL**  
**07908775390**



**FIRST AID/MEDICAL TREATMENT CONSENT FORM**

**Dear Parent/Carer,**

While attending RASCALS our priority is to ensure your child's health, safety and well-being.

We therefore seek your consent to our administering First Aid or to summoning medical aid in an emergency. I would be grateful if you would complete the attached consent form.

Thank-you

**Stephanie Peppin**  
**Owner/Manager**

I \_\_\_\_\_ (name of parent/carers)

Authorise

Do not authorise

RASCALS staff to administer First Aid procedures to \_\_\_\_\_ (name of child), if required as a result of injury, or to seek necessary emergency medical advice or treatment

Signed: \_\_\_\_\_ (parent/carers)

Date: