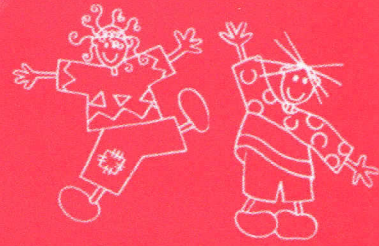


kids' club



Rascals After School Club

Registration Form

Child's full name

Home Address

Home telephone number

Postcode

Date of birth

Gender

Ethnic Origin

Child's religion

Parent(s) or Carer(s) details

Mother/Carer's full name

Father/Carer's full name

Mother/Carer's address (if different from above)

Father/Carer's address (if different from above)

Telephone number

Telephone number

Mother/Carer's occupation

Father/Carer's occupation

Employer's address

Employer's address

Employers telephone number (incl ext)

Employers telephone number (incl ext)

Name of person collecting child if different from above

Name

Name of person collecting child if different from above

Name

Address

Address

Telephone

Telephone



Medical Details

Name of child's doctor

Surgery address

Telephone number

Immunisation history

Diphtheria/tetanus/polio Last given _____

Whooping cough MMR Meningitis C Hib

Infectious illnesses?

Allergies?

Other information you think we should know, including health issue or dietary requirements?

When would you like your child to attend the Club *(please tick the appropriate boxes)*

Proposed starting date _____

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 or not you are willing for your child's photograph to be taken and displayed on the club's notice board. Yes No

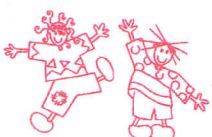
I agree to the rules and conditions. Yes No

Signed _____

Relationship to child (parent/guardian etc) _____

Date _____

Please return this form to: Rascals After School Club
c/o 5 Carnegie Drive, Lakeside, Cardiff CF23 6DH
Phone: 02920 756114 Mobile: **07908775390**



RASCALS

Rhiwbeina After School Club, Rhiwbina, 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
Senior Play Worker

✂.....

I _____ (*name of parent / carer*) authorise / do not authorise RASCALS staff to administer First Aid procedures to my child.

_____ (*name of child*), if required as a result of injury, or to seek any necessary emergency medical advice or treatment.
(*Please delete as appropriate*)

Signed:..... (*Parent /Carer*)

Date: