



CHILD REGISTRATION FORM

Child's name
Address .. Post Code
School Date of birth
Parent/Carer E-mail address

Name/s of person/s with parental responsibilities:

Name:	Name:
Relationship to child:	Relationship to child:
Address, if different from above	Address, if different from above
Mobile number:	Mobile number:
Work number:	Work number:
Home number:	Home number:

PLEASE GIVE AT LEAST TWO PEOPLE TELEPHONE NUMBERS IN CASE OF AN EMERGENCY
Children will only be allowed to leave the club with a named person, please give names and contact numbers of persons who may collect your child or may be contacted in an emergency

Name: Relationship to child Phone number

Name: Relationship to child Phone number

Does your child have any allergies, including food, penicillin or Elastoplast sensitivity that we should be made aware of?

Are there any health concerns (e.g. special conditions, need for regular medication, asthma, hearing, sight etc.)?

Does your child have any disabilities, e.g. Asperger's, Autistic Spectrum disorders, physical disabilities etc.?

.....Gateway number (if applicable).....

Doctor's name: Address: Tel.no:

Is there any other information you feel we should be aware of?

*Please select YES or NO	*	*	Parent Signature
In the event of an accident or any emergency where medical aid might be needed I consent to my child being taken to Hospital for treatment as required	YES	NO	
If necessary can a member of staff administer first aid?	YES	NO	
I give consent to my child to have his/her face painted (providing my child is willing to have her/his face painted)	YES	NO	
On occasions photographs or videos may be taken of the children at play, I give my consent to my child being photographed	YES	NO	
Hedgehogs operate a transport service for trips during holidays and a daily collection service from local schools during term time; I consent to my child being transported if required.	YES	NO	

I consent to my child attending Hedgehogs and understand and agree with the procedures stated in the Website and with the above conditions

Name	Signature	Date
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Please note that a separate form must be completed for each child, and it is most important that you inform us of any changes