



P O Box 131, Bristol, BS20 7WT
Telephone 01275 390002

Registration Form

All the children that attend Kids Klub must be registered.

The registration fee of £5 per child per year is payable at the time of registration in September and subsequently. Attendance fees will be notified and are shown in the club rules.

Childs first name.

.....

Surname/family name.

.....

Home address.

.....

Postcode. E.Mail address

Home telephone number.

Date of birth.

.....

.....

Childs school.

Age.

.....

.....

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.

.....

.....

Employers address.

Employers address.

.....

.....

Employers telephone number (inc ext).

Employers telephone number (inc ext).

.....

.....

Legal contact of child

Parental responsibility for child

.....

.....

**Name and address of person collecting the child
(if different from above).**

**Name and address of person who can collect the
child in an emergency.**

Name.

Name.

.....

.....

Address.

Address.

.....

.....

Telephone number.

Telephone number.

.....

.....

Professional Affordable Childcare



P O Box 131, Bristol, BS20 7WT
Telephone 01275 390002

If there is anybody that should not pick the child up from Kids Klub, Please give details.

.....
.....
.....
.....

Medical details.

Name of the child's doctor..... Surgery address.....

Telephone number.
.....

Immunisations/Vaccinations.
.....
.....

Additional information i.e. special diets, allergies, health problems, cultural/religious information or anything else you feel the Playleader should know about your child/ren.
.....
.....
.....
.....

Kids Klub follows the South Gloucestershire Child Protection Procedures

Start date required.

On which days would you like your child to attend Kids Klub? (please tick the appropriate boxes)

Monday Tuesday Wednesday Thursday Friday

I consent to my child/ren receiving medical treatment in the event of an emergency and/or contact to be made with the appropriate medical/health/social services authorities.

Consent.

If my child/ren go on a supervised trip, I will be asked to complete an additional consent form for that outing. I understand that Kids Klub cannot accept responsibility for my child/rens possessions or valuables whilst they are attending Kids Klub.

Parent/Carer's full name.
.....

Signed.
.....

Date.
.....