



# LITTLE STARS Registration Form

### Child's Details

### Date of Registration:

First name:	Surname:	What s/he likes to be called:
Date of birth and current age:	School attended: First language:	Key worker's name:

### Parent/Guardian details

Title:	First name:	Surname	Title:	First name:	Surname
Home address:			Home address (if different):		
Does this child normally live at this address? Yes / No			Does this child normally live at this address? Yes / No		
Work address:			Work address:		
Home number:	Mobile number:	Work number:	Home number:	Mobile number:	Work number:
Email address:			Email address:		
Does this person have parental responsibility? Yes / No			Does this person have parental responsibility? Yes / No		
Does anyone else have parental responsibility for this child? Yes / No (If yes, please provide details on separate sheet.)					

### Emergency Contact Details (please provide details of two responsible adults that we can contact if we are unable to get hold of you).

Name:	Telephone number:	Mobile number:
Address:		Relationship to the child:
Name:	Telephone number:	Mobile number:
Address:		Relationship to the child:

### Child's Doctor

Name of Doctor:	
Address:	Telephone:
Please list any medical complaints from which your child may suffer. Please include any medication they take and if needed please complete the Permission to Administer Medicine Form	

### About your child

Please detail any additional/special needs your child has: (please provide full details)

Please detail any dietary requirements/ food allergies for your child: (please provide full details)

Is there anything your child doesn't like (food, games etc) or is scared of?

What are your child's favourite activities?

Who is authorised to collect your child? Please detail below. Children will not be allowed to leave with any unauthorised person.

NAME	RELATIONSHIP TO CHILD/REN

Is there any other information you think we should know?

Please read the following and indicate your choice.

I give permission for Staff to apply Face/Body paint to my child during an activity. **YES / NO**

I give permission for Staff to take my child out accompanied around the Area, **YES / NO**

I give permission for Staff to apply sun cream which I have provided for my child, should my child be unable to do so themselves. **YES / NO**

I give permission for my child to watch u rated dvd's while at the club. **YES/NO**

I agree to keep my child at home for a period of 48 hours after incidences of Vomiting and/or Diarrhoea, or any other contagious illness.

I agree to provide the club with up to date contact information eg Mobile phone numbers, addresses.

I am aware that there is a Late Collection Charge of £5 up to 15 minutes.

Signature of Parent/Carer

Date:

**OUT OF SCHOOL CLUB**  
**Permission to administer medicine form**

Child's name:  Date of birth:	Child's address:  Parent's contact no:																		
Doctor's name:  Address of surgery:   Telephone no:	Name of medicine:  Reason for requirement  Dosage:  Times to be administered:  Storage requirements																		
I give permission for staff to treat my child with the following:  <table style="width: 100%; border: none;"> <tr><td><b>Bandages</b></td><td style="text-align: right;"><b>YES/NO</b></td></tr> <tr><td><b>Micropore Tape</b></td><td style="text-align: right;"><b>YES/NO</b></td></tr> <tr><td><b>Plasters</b></td><td style="text-align: right;"><b>YES/NO</b></td></tr> <tr><td><b>Gauze</b></td><td style="text-align: right;"><b>YES/NO</b></td></tr> <tr><td><b>Calpol</b></td><td style="text-align: right;"><b>YES/NO</b></td></tr> <tr><td><b>Cotton Wool</b></td><td style="text-align: right;"><b>YES/NO</b></td></tr> <tr><td><b>White Petroleum Jelly</b></td><td style="text-align: right;"><b>YES/NO</b></td></tr> <tr><td><b>Vaseline</b></td><td style="text-align: right;"><b>YES/NO</b></td></tr> <tr><td><b>Comments:</b></td><td></td></tr> </table>	<b>Bandages</b>	<b>YES/NO</b>	<b>Micropore Tape</b>	<b>YES/NO</b>	<b>Plasters</b>	<b>YES/NO</b>	<b>Gauze</b>	<b>YES/NO</b>	<b>Calpol</b>	<b>YES/NO</b>	<b>Cotton Wool</b>	<b>YES/NO</b>	<b>White Petroleum Jelly</b>	<b>YES/NO</b>	<b>Vaseline</b>	<b>YES/NO</b>	<b>Comments:</b>		<b>Permission to take to Hospital/Doctors</b>  In case of emergency, I give permission for the staff of the Club to seek necessary emergency medical advice or treatment. (Please note that we will contact you immediately)  <b>YES/NO</b>
<b>Bandages</b>	<b>YES/NO</b>																		
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<b>Vaseline</b>	<b>YES/NO</b>																		
<b>Comments:</b>																			

I give permission for medicine/treatment to be given to my child in accordance with the details above.

Parent's signature: \_\_\_\_\_

Parent's name: \_\_\_\_\_

Date: \_\_\_\_\_

- Staff at the Out of School Club will only be permitted to administer medication to your child if you complete and return this form.
- Under no circumstances will members of staff administer medication against the will of a child.
- If you have any concerns/queries, please contact the Out of School Club manager.

**OUT OF SCHOOL CLUB**  
**Photograph Permission Form**

The use of photographs is an important developmental tool which is widely used in play and educational settings for recording, sharing and displaying activities that your children have undertaken. At the Club we take the issue of child protection very seriously and we would never knowingly publish an image of your child without your consent as required by the Data Protection Act 1998. We will never include any personal contact details in our printed materials, websites or media.

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As the parent/carer of the child named below, I grant permission for images of my son or daughter to be used for the following purposes:

- Electronic and printed information, displays and exhibitions at the Club
- Website and promotional material for the Club
- To accompany staff or student coursework
- Observation and assessment
- Club records of my child
- Local newspaper or magazine
- National newspaper or magazine
- Other organisation's website
- Other organisation's promotional material
- Other

I understand that personal details or names of any child in a photograph will never be given in such a way that would allow them to be individually identified.

I understand that this image will NOT be used for anything which may be viewed as negative in tone or that may cause offence, embarrassment or distress for the child or their parent or carer.

I understand that there will be no payment for my child's participation.

Alternatively, I DO NOT GIVE PERMISSION for photographs to be taken of my child whilst at after school Club

Child's name:	Parent/carer's name:
Date:	Parent/carer's signature: