

Wasps Registration Form

Child's full name:

Name to be used at club:

Date of birth:

Gender:

School attends:

Religion:

Ethnicity:

Languages spoken:

Names of Parents/Carers:

Home address:

Postcode:

Telephone no:

Email address:

Mobile numbers:

Parents/Carers place of work:

Parents/Carers daytime telephone no:

Names of persons authorised to collect your child (include contact numbers):

Emergency contacts plus phone numbers (two named adults who are prepared to collect your child if they are unwell or if parents/carers are unable to collect by Wasps closing time):

I agree to be the nominated emergency contact for the above named child:

Signed:

Date:

Signed:

Date:

Doctor's name:

Doctor's telephone no:

Surgery address:

Details of any significant health issues (including any special educational needs and/or physical disabilities):

Details of any special dietary requirements, allergies and significant food and drink preferences:

I require childcare for: (please indicate)

After school club

Monday Tuesday Wednesday Thursday Friday

Holiday club

Feb H/T Easter May H/T Summer Oct H/T

Breakfast club

Monday Tuesday Wednesday Thursday Friday

Do you consent for members of Wasps staff to apply sun cream to your child in hot conditions?
YES / NO

From time to time we may take photographs of the children during their play activities.

I agree to Wasps photographing my child YES / NO

I give permission to use photographs of my child in publicity information and on Wasps website
YES / NO

Some routine activities at Wasps may involve visiting parks or short local trips. For your child to take part in these activities you must give your permission, we will notify you of all outings.

I agree to my child taking part in the activities described above: YES / NO

I hereby consent for my child to take up a place at Wasps, according to the Terms and Conditions of Membership set out in its policies and procedures. I have understood the expectations and obligations relating to both myself and Wasps, and agree to abide by them.

I understand that persistent late or non-payment of fees will jeopardise my child's continued attendance at Wasps.

I confirm that the information given above is correct, and I promise to contact Wasps Coordinator as soon as my details change.

Name of Parent/Carer (please print):

Signature of Parent/Carer:

Date:

For office use only:

Date added to waiting list

Start date

Registration fee received

Wasps Emergency Medical Treatment Form

Child's name:

Date of birth:

Doctor's name, address and telephone no:

Any other relevant medical information i.e. medication, allergies, family medical history etc:

Parents/Carers name:

Home address:

Work address:

Emergency contact numbers:

Child's medical number:

Record of immunisations:

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In the event that my child is involved in a serious incident while at Wasps, I expect Wasps staff to contact me immediately on the above emergency contact numbers.

I consent to any emergency medical treatment necessary during the running of Wasps. I authorise the Wasps staff to sign any written form of consent required by the hospital authorities if the delay in getting my signature is considered to endanger my child's health and safety.

I understand that this authorisation will remain valid unless I contact Wasps Coordinator to withdraw it.

Name of Parent/Carer (please print):

Signature of Parent/Carer:

Date:

Wasps Administering Medication Form

Child's name:	Date of birth:
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Doctor's name:	Telephone no:
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Doctor's address:

Medical information:

Name/type of medication:

Dosage:

Start of prescription:	End of prescription:
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Parents/Carers name:

Address:	Postcode:
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Emergency contact numbers:

Child's medical number:

I hereby consent to Wasps staff administering the above medication according to the details I have given here and any other relevant medical advice.

Name of parent/carer (please print):

Signature of parent/carer:	Date:
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Members of staff at Wasps will not be able to administer medication to your child if you do not complete and return this form. Under no circumstances will members of staff administer medication against the will of a child.