

(SCIO) Relates to Year 2023/2024

**REGISTRATION FORM**

**THE INFORMATION CONTAINED IN THIS FORM IS CONFIDENTIAL AND WILL ONLY BE SHARED UNDER APPROPRIATE CIRCUMSTANCES**

**Child’s name:....................... Date of birth …….........**

**School/class: ……………………… Teacher’s name:.......................**

**PARENT/CARERS**

**NAME ………….. NAME …………………………..**

ADDRESS ADDRESS

….………………….. ……….…………………..

…………….. ………………..

…….………………….. ……….…………………..

**TEL(HOME) ……………… TEL(HOME) ………………….**

**TEL(MOBILE) TEL(MOBILE) ………………**

**EMAIL………………….. EMAIL…………………**

**Opt into receiving updated information on SOOSCC (YES/NO**

**EMAIL ADDRESS WHERE YOU WOULD LIKE YOUR BILL SENT TO**

**……………………………………………………………………………………………………..**

**DOCTOR/MEDICAL PRACTICE**

**NAME OF FAMILY DOCTOR: ……………………………………………………………**

**ADDRESS: ………………………………………………………………………….…………..**

**TELEPHONE NUMBER: ……………………………………………**

**MEDICAL INFORMATION/ALLERGIES**

**………………………………………………..………**

**………………………………………………………………………………………………..………**

**IF YOUR CHILD NEEDS MEDICAL ASSISTANCE E.G. BLOOD TRANSFUSIONAND YOU ARE UNABLE TO BE CONTACTED. DO YOU GIVE CONSENT FOR THIS OR ANY OTHER EMERGENCY TREATMENT TO BE GIVEN?**

**I DO/ DO NOT GIVE CONSENT FOR EMERGENCY TREATMENT TO BE GIVEN**

**SIGN: ………………………… DATE: ………………………**

**NAMES OF ADDITIONAL RESPONSIBLE PEOPLE WHO CAN COLLECT YOUR CHILD FROM CLUB**

**NAME ………………………. NAME ...................................**

**ADDRESS:………………………………. ADDRESS: ………………………………….**

**……………………………………………………………. …………………………………………………………**

**ANY OTHER RELEVANT INFORMATION- Please include child's interests, family background including siblings and any comments you may have (i.e. likes, dislikes, interests, food likes, dislikes)**

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| --- |
|  |

It is important that the club is informed of any changes to the information on this form, Any toys, electronic games, DVDs etc belonging to a child that are brought to the club are the child’s responsibility.

Photographs and videos may be taken of children participating in club activities. We have a website and a face book page where we will display children's photographs.

I confirm that I agree/do not agree for my child/children photographs to be used for the website, face book page.

Sign: Date:

The children will be taken outside to play in the park or for walks whenever time and the weather permits.

I confirm that I agree/do not agree for my child/children to go out for walks, to the park or outside.

Sign: Date:

I have read the SOOSCC Information Booklet and agree to conform to the rules

Sign: Date:

I have read the SOOSCC payment policy and agree to conform to the rules within the policy

Sign: Date:

**CHILD’S NAME …………………………..**

Please tick the sessions you require:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | Wednesday | Thursday | Friday |
| Before School |  |  |  |  |  |
| After School |  |  |  |  |  |

**Re-registration only:** Confirm that you wish to keep the same days & hours

YES/ No □ please complete a Waiting List form if you wish to change your hours.

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Office use only:

* Copy of Information Book given
* Copy of Payment Policy given
* Copy of GDPR given
* All paperwork signed
* Days required allocated

Start date …………………………………………….