

PD's Holiday Fun Club **Child Registration Form**

Child's Name: _____ D.O.B _____

Child's preferred name: _____

Home Address: _____

Telephone no: _____ e-mail address _____

First Parent/Guardian's Name: _____

Contact Telephone no: _____ (We may use this number in the event of being delayed back from a trip on days out.

Second Parent/Guardian's Name: _____

Contact Telephone no: _____

Who else can be contacted in an emergency? _____

Telephone no: _____

Child's Doctor: _____ Telephone: _____

Address: _____

Any special diet, allergies, health, cultural, ethnic considerations etc. (continue on reverse if necessary) _____

Are you in receipt of Working Families Tax Credit: Yes/No

Permissions:

Photographs/videos: Yes/No

Sun cream: Yes/No

Face paint: Yes/No

Parent/Guardians Signature: _____ Date: _____

In the event of sudden illness or accident affecting my child, if recommended by a doctor, I agree to emergency treatment, including any operative treatment and/or administration of a general anaesthetic to my child. I also agree with the play work principles and types.

Signed: _____ Parent/Guardian