

Members Application Form

Full Name	
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Parent/Guardian Name:	
Address:	
Post code:	

Age:	
Date of birth:	

Telephone number:	
Mobile number:	

Emergency contacts:

Please could we have the name and address of two emergency contact people?

Name	Address	Telephone number

Health

Please use this space let us know about any illness or previous treatment that you feel that it is important for us to know? Please ensure that you include all medications that your child needs to take.

Diet:

Please let us know about any dietary needs that you feel that we should be aware of?

White British		White Irish		White Irish/Traveller		White- Roma	
White Other		Mixed-White/Black Caribbean		Mixed-White/Black African		Mixed-White/Asian	
Mixed-Other		Asian/Asian British-Indian		Asian/Asian British-Pakistani		Asian/Asian British-Bangladeshi	
Asian/Asian British-Other		Black/Black British-Caribbean		Black/Black British-African		Black/Black British-Other	
Chinese		Any other		Has a registered disability			

Declarations

In the unlikely event of an accident or an emergency, I confirm my/our agreement for to be provided with full medical help as required.

Signed Dated.....

1) I am happy for my son/daughter to participate in outings that are held outside of the pre-school.

2) I am happy for my sine daughter to leave the premises independently

Signed..... Dated.....

Sometimes we take photographs of the young people and children:

We may put them up in the hall/room, please sign below if you agree to us having photographs taken to be displayed in this way.

Signed..... Dated.....

On occasions we like to use photo to promote the club at local events, funding applications, and in local newsletters. We will always inform you when this happens but please sign below if you agree to us using photos of up your son/daughter in this way.

AgreedDated.....

Please indicate if we may use photo/images for face book and our web site

SignedDated.....