CHILD'S DETAILS

Child's Full name:

Out of School Club Registration Form

January 2023

No child can be admitted to The Mohair Centre without an up to date registration form.

Date of Birth:

Relationship:

Relationship:

Relationship:

ARENT'S/CARERS DETAILS.	
Name:	Name:
Relationship to the child:	Relationship to the child:
Address:	Address:
Postcode:	Postcode:
Home Telephone No:	Home Telephone No:
Mobile Telephone No:	Mobile Telephone No:
Place of Work:	Place of Work:
Work Telephone No:	Work Telephone No:
Email Address:	Email Address:

Telephone No:

Telephone No:

Telephone No:

Name:

Name:

Name:

Who does the child permanently live with				
Are there any contact restrictions for the child: Yes / No please indicate				
Can you let us know the details of your child's school:				
Can we contact them: Yes/ No				
Are any other professionals involved with your child / family e.g. Teaching Support Service, Speech and language, Children's Social Care Team, any adult services: Please give details:				
				MEDICAL DETAILS
				Doctor's Name:
Surgery Address: Telephone No:				
Known Allergies:				
Medical conditions:				
Special Dietary requirements:				
Any Other Information you feel we should know:				
Any Other Information you leef we should know.				
We require parental consent. Please sign to give consent.				
In the event of an emergency I give permission for The Mohair Centre to seek emergency medical advice/ assistance				
I give permission for The Mohair Centre to keep records about my child				

Fishing (under supervision)	
Pony Riding	
Being transported in staff cars (with prior notice)	
(ASC ONLY) My child requires a booster seatYES/NO	
Using face paints & non-permanent tattoos	
I UNDERSTAND THAT THE MOHAIR CENTRE CAN ONLY ADMINISTER MEDICINE IF IT IS GIVEN ON REGISTRATION & ENTERED ONTO A MEDICATION FORM	
Digital photograph and film footage permission I/we give permission for the Mohair Centre, to take photographs or film footage (taken on either	er the
dedicated camera or iPad) of the child named below for the reasons we have indicated.	;i ti i C
Please tick which statements you give permission for thank-you.	
□ to record the child's daily routine	
□ to support the Mohair Centre's staff course-work	
□ to support the Mohair Centre's promotional literature	
□ to support the Mohair Centre Newsletter, e-mailed to all parents	
□ to support the Mohair Centre's website	
□ other publications, such as the local newspaper	
□ the Mohair Centre's scrapbooks/publicity/displays on site	
□ to put in our monthly newsletter	
Please note any photographs or video footage stored electronically will be stored securely.	
By law the Mohair Centre is registered with the Information Commissioner's Office (ICO) as a controller. For further information please read our full photograph and film footage policy and the ICO website at:	
http://www.ico.gov.uk/what_we_cover/data_protection/notification.aspx	

Date	
Parent/Carer(s)' name	
Parent/Carer(s)' signature	
Date	
Parent/Carer(s)' name	
Parent/Carer(s)' signature	

Please indicate how you will be paying fees: BACS / Child care vouchers/ cheque or cash, if using BACS please ensure that your child is identified on the BACS reference and this is clearly marked ASC.

If you will be paying via child care vouchers which voucher company	will you be
using	

Please use the child's name as a reference when paying with voucher's or directly into our bank account to help us track payments.

I/we wish to register my/our child . I agree once a place has been confirmed for my child, I will be bound by the settings policies, procedures and the terms and conditions of The Mohair Centre as provided in the parent handbook.

CICNED Denois I/Consider DATE.	
SIGNEDParent/Guardian DATE:	

Please return the completed form to: OUT-OF-SCHOOL Mohair Centre, Brickfield Farm, Lewes Road, Laughton BN8 6JG