



Registration Form

Start Date (office use)

Child's name

Date of Birth

¹Parent / Carer

Address

.....

Postcode

²Parent / Carer

Address

.....

Postcode

Please indicate which parent/carer the child normally lives with. 1 2

Contact number

E mail

School Class Junior or Infant

Ethnicity

Religion (if any)

Any other person/s authorised to collect your child from The Play Station

.....
.....

Password

Person/s to contact in an emergency

1st PersonContact number.....

2nd Person.....Contact number.....

Details of any Special Dietary Requirements, Allergies and Significant Food and Drink Preferences:

.....
.....

Details of any Significant Health Issues (including special educational needs and/or physical disabilities statement):

.....
.....

Health issues

.....
.....

Does your child take any regular medication? Yes / No
(if yes complete administering medication form)

Are your child's immunisations up to date Yes / No
If no, detail below

.....

Can your child have a plaster applied? Yes / No

Can photographs be taken of your child Yes / No
(if yes complete photograph consent form)

Doctor

Address

.....

Telephone

In the event that my child is involved in a serious incident while at the club, I expect the Manager, or a delegated member of staff, to contact me immediately on the above emergency contact number.

In the event that my child requires immediate medical treatment before I am be able to get to the Hospital, I hereby authorise the Manager, or a delegated member of staff, to consent to emergency medical treatment on my behalf.

I consent to any emergency medical treatment necessary during the running of the club and authorise the staff to administer minor First Aid treatment as and when necessary.

I understand that this authorisation will remain valid unless I contact the Manager to withdraw it.

I agree to abide by the terms & conditions of this Club, which I have read.

Parent / Carers Signature

Date



Administering Medication Form

Child's Name:

Date of Birth:

Name/Type of Medication:

Dosage:

Start of Prescription:

End of Prescription:

Doctor's Name:

Doctor's Address:
.....
.....

Doctor's Telephone Number:

Any other relevant medical information (ie: Allergies, family medical history etc):

.....
.....
.....

Parents/Carers Name:

Address:
.....
.....
.....

Emergency Contact Number:

The Play Station staff will only administer prescribed medicines.

I hereby consent to the Manager, or a delegated member of staff, administering the above medication according to the details given here and any other relevant medical advice.

Signature of Parent/Carer:

Date:

If you have any questions or comments please get in touch with the Manager.

Members of staff at the Club 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.



Photograph Consent Form

Dear Parent/Guardian

At The Play Station we take the issue of child safety very seriously, and this includes the use of images of children. The inclusion of children's images in our publications and on our website can be motivating for the children involved. However, we have a duty of care towards children, which means that they must remain unidentifiable, reducing the risk of inappropriate contact, if images are used in this way.

We ask that parents consent to The Play Station taking and using photographs and images of their children. The photographs will be used for publicity, staff training and portfolios, internal and external displays, the company website and by Aiming High. We will only print forenames on internal display boards at the club. No personal information will be added to any images used elsewhere.

I consent to photographs and digital images of the child named below, appearing in The Play Station printed publications or on the website. I understand that the images will be used only for promotional purposes and that the identity of my child will be protected. I also acknowledge that the images may also be used in and distributed by other media, such as CD-ROM, as part of the promotional activities of The Play Station.

Name of child:.....

Name of parent or guardian:

Signature:

Date:



The Play Station Breakfast & After School

Booking Form

Name of child Class.....

School

Please tick boxes below for the sessions you require

Breakfast

Week Commencing	Monday	Tuesday	Wednesday	Thursday	Friday	Fee

After School

Week Commencing	Monday	Tuesday	Wednesday	Thursday	Friday	Fee

- ❖ The correct fee should accompany this booking form to guarantee your child's place.
- ❖ All cheques should be made payable to The Play Station Yorkshire Ltd.
- ❖ The Play Station will charge for all sessions booked unless the required period of notice has been given

Signed Date