

Scamps

Child Record Form

Child's Full Name:

Name to be used at the Club:

Date of Birth:

Gender:

Male:

Female:

School Attended:

Ethnicity:

Religion (if any):

Languages Spoken:

Name of Parents / Carers:

Home Address:

Telephone Number:

Mobile Number:

Please state who has parental responsibility / or is the legal contact for this child:

Parents / Carers place of work:

Parents / Carers daytime telephone number:

Other Emergency Contact Details: Name (Who):

Emergency Contact Telephone Number:

Names of Persons Authorised to collect your child (including contact numbers):-

1.

2.

3.

A password may be used by someone else to collect your child if any of the above are unable to :

Password:

Doctor's Name:

Doctor's Address / Telephone Number:

Details of any Significant Health Issues

(including a special educational needs and/or physical disabilities statement):

Record of Immunisations (including dates):

Do you consent for members of staff at Scamps to apply sun cream to your child in hot conditions?

Yes / No

Any fears:

Any other relevant information:

I hereby consent for my child to take up a place at Scamps, according to the terms and conditions set out in its policies and procedures. I have understood the expectations and obligations relating to both myself and Scamps, and agree to abide by them.

I understand that persistent late or non-payment of fees will jeopardise my child's attendance at Scamps.

I confirm that the information given above is correct, and I promise to contact the Manager as soon as any of the details change.

Signature of Parent/Carer:

Date:

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