



Registration Form

All of the children who attend Newborough Kidz Club must be registered. Attendance fees are shown in the Parent Information Pack. **Please complete one form per child.**

Child's Full Name _____ Child's Date of Birth __/__/__

Home Address & Postcode _____

Main Contact Number _____

Parent(s) or Carer(s) details who have parental responsibility

Full Name _____

Address (if different from above) _____

Email Address _____ Contact Number _____

Name & Address of Employer _____

Employers Telephone Number (including extension) _____

Full Name _____

Address (if different from above) _____

Email Address _____ Contact Number _____

Name & Address of Employer _____

Employers Telephone Number (including extension) _____

Details of two other adults who may collect the child

Full Name: _____

Address (if different from above) _____

Contact Number _____

Full Name: _____

Address (if different from above) _____

Contact Number _____

Password for Pick up Purposes: _____

Ethnic Origin (please circle)

White Chinese Black African Black Carribean Black Other
Spanish Indian Italian Other _____

Language (please circle)

Polish RussianLithuanian Cantonese English Other _____

Religion (please circle)

Christian Hindi Jewish Muslim None Other _____

Medical Details

Name of Child's Doctor: _____

Address of Surgery _____

Contact Number _____

Additional information we need to know about your child? e.g. Dietary Restrictions, Allergies, Conditions, Disabilities, health conditions/ Any Birthmarks

Consent

- I consent to my child receiving medical treatment in the event of an emergency
- I understand that Newborough Kidz Club Ltd cannot accept responsibility for children's possessions or valuables whilst they are attending the club.
- I consent for my child's photograph to be taken for display and advertising purposes
- I consent to my child using sun lotion supplied by the club where necessary
- I consent to my child participating in face painting activities
- I consent to my details being supplied to third parties i.e. school

Payment

I agree to pay the invoice in advance, which I will receive before the sessions booked.

Signed (Print Name) _____

Please note:

All sessions booked will be charged for unless cancelled with 7 days notice.

Parents name (Block Capitals) _____

Signature _____

Date _____

Please return this form to Newborough Kidz Club, School road, Newborough, Peterborough, PE6 7RG

Contact: newboroughkidzclub@gmail.com Or 01733 810880

<u>Sessions Needed:</u>			Start Date:	
Monday	Tuesday	Wednesday	Thursday	Friday
AM/PM/FULL	AM/PM/FULL	AM/PM/FULL	AM/PM/FULL	AM/PM/FULL