

**November
2019**

Apple Trees Club Registration Form

(Please complete and return all 4 pages)

Child 1 Details

First name:	Surname:	What s/he likes to be called:
Date of birth:	First language:	

Child 2 Details

First name:	Surname:	What s/he likes to be called:
Date of birth:	First language:	

Parent/Guardian details

Title:	First name:	Surname	Title:	First name:	Surname
Home address:			Home address (if different):		
Does this child normally live at this address? Yes / No			Does this child normally live at this address? Yes / No		
Work address:			Work address:		
Home number:	Mobile number:	Work number:	Home number:	Mobile number:	Work number:
Email address:			Email address:		
Does this person have parental responsibility? Yes / No			Does this person have parental responsibility? Yes / No		
Does anyone else have parental responsibility for this child? Yes / No (If yes, please provide details on a separate piece of paper)					
Family password for collection (we ask everyone to state a password which may be asked on collection of your child(ren)):					

Emergency Contact Details - Please provide details of two people we can contact if we are unable to get hold of you or who may collect your child(ren) from Apple Trees

Name 1:	Telephone number:	Mobile number:
Address:		Relationship to the child:
Name 2:	Telephone number:	Mobile number:
Address:		Relationship to the child:

Child's Doctor

Name of Doctor:	
Address:	Telephone:

About your child(ren)

Please detail any additional/special needs your child has: (please provide full details)	
Child 1:	Child 2:
Does your child have any known allergies? (an Allergy Management Plan will be put in place where required)	
Child 1:	Child 2:
Is there anything your child doesn't like (food, games etc) or is scared of?	
Child 1:	Child 2:
What are your child's favourite activities?	
Child 1:	Child 2:
Please detail any medical needs your child has/medication taken: (please provide full details, if medication is needed an additional medication consent form will need to be completed)	
Child 1:	Child 2:
Does your child have any dietary requirements?	
Child 1:	Child 2:
Any other information relevant to your child's health	
Child 1:	Child 2:

In the event that my child(ren) is/are involved in a serious accident I expect to be contacted immediately on the above telephone numbers.

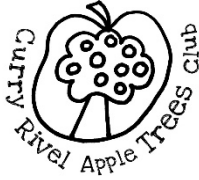
In the event that my child(ren) requires immediate medical treatment before I can get to the hospital I hereby authorise the staff member present to consent to any emergency medical treatment necessary to ensure the health and safety of my child(ren) on my behalf.

I give permission for my email address(es) listed above to be added to the Apple Trees mailing list to help me stay up-to-date with the latest news from Apple Trees.

I have read and understood the Apple Trees Club Privacy Notice and Data Protection Policy.

Parent / Carer Signature:

Date:



Photograph Permission Form

The use of photographs is an important developmental tool which is widely used in play and educational settings for recording, sharing and displaying activities that your children have undertaken. At Apple Trees Club we take the issue of child protection very seriously and we would never knowingly publish an image of your child without your consent.

As the parent or carer of the child named below, I grant permission for images of my son or daughter to be held electronically and used for the following purposes:

(please tick for consent)

- Electronic and printed displays and exhibitions at the Club (eg photos of activities)
- Observation and assessment
- Club records of my child
- To accompany staff or student coursework
- Website for Apple Trees Club
- Apple Trees Club Facebook page
- Promotional material for Apple Trees Club
- Local newspaper or magazine
- National newspaper or magazine
- Other organisations' website
- Other organisations' promotional material
- Other

I understand that personal details or surnames of any child in a photograph will never be given.

I understand that images will NOT be used for anything which may be viewed as negative in tone or that may cause offence, embarrassment or distress for the child or their parent or carer.

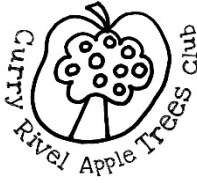
I understand that there will be no payment for my child's participation.

Child(ren)s name(s):

Signed:
(parent/carer)

Date:

Print name:



Apple Trees Club Parental Permission

Child(ren)'s name(s): _____

Routine Outings

I agree for the above-named child(ren) to go on routine outings with Apple Trees Club in and around Curry Rivel either transported in a vehicle or walking.

Parent/Guardian's name:

Signed:

Date:

Sun protection cream application

I agree for sun protection cream to be applied to the above-named child(ren) by Apple Trees Club.

Parent/Guardian's name:

Signed:

Date:

Face paints application

I agree for face paints to be applied to the above-named child(ren) by Apple Trees Club.

Parent/Guardian's name:

Signed:

Outdoor Play equipment

I agree for the above-named child(ren) to use outdoor play equipment in school, parks or playgrounds whilst attending Apple Trees Club.

Parent/Guardian's name:

Signed:

Date:

Parental Permission for Discussions with Other Settings

I give permission for Apple Trees Club staff to discuss the above-named child(ren) with Curry Rivel Foundation Stage and Primary School to support their learning and development. Please state any other settings your child(ren) attends and with which you are happy for Apple Trees Club to liaise _____.

Parent/Guardian's name:

Signed:

Date:

Apple Trees Club Policies

I will have read the policies of Apple Trees Club (available on the website – www.appletreesclub.co.uk) within one month of my child starting at Apple Trees Club.

Parent/Guardian's name:

Signed:

Date:

**Thank you for registering with Apple Trees Club.
Please return these forms along with your booking form to Apple Trees Club or
Curry Rivel Primary School Office as soon as possible. Thank you.**