

**Little Treasures Registration Form**

Is your child allergic to anything? YES/NO

If yes .....

Is your child on regular medication? YES/NO

If yes .....

May we give your child Calpol if needed? YES/NO

Child's Nationality: .....

Child's ethnic background: .....

Language most commonly spoken at home: .....

Date you would like your child to start:.....

Any other information you feel we should be aware about

.....

.....

Please sign below to confirm that you have read and accepted the terms and conditions as outlined in the Admissions Booklet.

Signed: ..... Date: .....

**Please return the completed form along with a photo and a £10**

***non-returnable* registration fee to reserve a space**

**OFFICE USE ONLY**

Permission given: ..... Reg. fee paid

Trips                      Sun Cream                      Photos                      Medical Aid

**Little Treasures Registration Form**

**Holiday Club**

Child's Name(s) ..... Surname.....

Child's Date of Birth .....

Parents/Guardian names (Title) .....

(Title) .....

Home Address .....

.....Postcode:.....

e-mail:.....

Home Tel. No: .....

Mum's Work Tel. No: ..... Mobile.....

Dad's Work Tel. No: ..... Mobile.....

Please give 2 alternative contacts who would be willing to collect your child in case of illness/accident:

..... Tel No:.....

..... Tel No: .....

Child's Doctor: ..... Tel No: .....

Address: .....

.....

School Attended.....

Does your child have any dietary restrictions? YES/NO

If yes: .....

.....

Are there any foods or drinks you do not wish your child to have?

YES/NO

If yes.....

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**FEE PAYMENT AGREEMENT**

Fees are paid by a 50% deposit when booking is made and full payment of the remaining amount on the first day the child attends. Our preferred method of payment is by direct debit.

Cheques can be made payable to: **Little Treasures**

If fees are not paid in advance then your child will not be able to attend.

Places booked can only be cancelled if one weeks notice is given.

This also applies if your child is sick.

If a week's notice is not given I agree to pay the full amount:

Signed: ..... Date:.....

Please give a password for the purpose of confidentiality:

.....

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**PARENTAL PERMISSION**

May we take your child out on local spontaneous trips to the shops, park or library as well as the advertised activities in your holiday club leaflet. Your signature is taken as authorisation for these trips.

Signed: ..... Date: .....

Please would you sign to give permission for us to apply sun cream to your child whilst in our care.

Signed: ..... Date: .....

Please would you sign to give permission for us to take photos of your child taking part in activities for displays etc. Separate permission will be asked for if students or other organisations wish to take photos.

Signed: ..... Date: .....

Please would you sign to give permission for us to administer first aid or seek medical advice in the event of an accident or emergency.

Signed: ..... Date: .....