



# 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 Caribbean      Black Other  
                 Spanish      Indian      Italian      Other \_\_\_\_\_

### **Language (please circle)**

Polish      Russian      Lithuanian      Cantonese      English      Other \_\_\_\_\_

### **Religion (please circle)**

Christian      Hindi      Jewish      Muslim      None      Other \_\_\_\_\_

### **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.**

**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**

**Photo Permissions**

- I consent for my child's photograph to be taken for their scrapbook (printed photos in a folder as a leaving gift when the child leaves the setting)
- I consent for my child's photograph to be taken for display in the room
- I consent for my child's photograph to be used on the club facebook page (only accessed by current parents)
- I consent for my child's photograph to be used on the club website (able to be accessed by anyone)

**Other Permissions**

- I consent to my child receiving medical treatment in the event of an emergency
- I consent to general first aid by the staff
- 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 child being taken on trips around the village (e.g. the park)
- I consent to my child's details being supplied to third parties e.g. Newborough school
- I understand that Newborough Kidz Club Ltd cannot accept responsibility for children's possessions or valuables whilst they are attending the club.

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

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