

Registration Form



CHILDREN WILL NOT BE ABLE TO ATTEND SHOULD FORMS NOT BE FULLY COMPLETED.

Child's details as registered with GP

**Date of
Registration:**

First name:	Surname:	What s/he likes to be called:
Date of birth:	Male/Female delete as appropriate	First language:
Current age:	School attends:	Cultural requirements:

Parent/Guardian details

Title:	First name:	Surname
Home address:		
Does this child normally live at this address? Yes / No		
Work address:		
Home number:	Mobile number:	Work number:
Email address (Kidz Klub Marketing information only.)		
Name of any persons who has parental responsibility :		

Emergency contact details (please provide details of two people we can contact if we are unable to get hold of you):

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

Child's Doctor

Name of Doctor:	
Address:	Telephone:

About your child

Please detail any additional support your child requires: (please provide full details).

Do other professionals have contact with your child (SENCO, speech/language therapist) Yes/No
If yes please give Name and Profession:

Do you give us permission to contact them Yes/No

If Yes please give contact information

Please detail any dietary requirements / food allergies for your child: (please provide full details).

Please detail any current or historical medical conditions that don't require medication, which you feel we should be aware of whilst providing care at Kidz Klub :

Is there anything your child doesn't like (food, games etc) or is scared of?

What are your child's favourite activities?

(Delete as appropriate) Permission for your child to:

Have face painted YES/NO

Have photos taken YES/NO

Attend Pitfield Park with staff YES/NO

Signature of parent/carer

Date:



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