



The Play Sanctuary Ltd Out of school Club

INSET DAY REGISTRATION FORM

Child Information

- Full Name of Child: _____

- Date of Birth: ____ / ____ / ____

- School Year: _____

- Address: _____

Parent / Guardian Information

- Parent/Guardian Name(s): _____

- Relationship to Child: _____

- Main Contact Number: _____

- Email Address: _____

Emergency Contact (if different from above)

- Name: _____

- Relationship to Child: _____

- Phone Number: _____

Medical Information

- Doctor's Name: _____

- Doctor's Surgery: _____

- Phone Number: _____

- **Any Medical Conditions / Allergies / Dietary Needs:**



Parental Consents

(Please tick to indicate consent)

- ☐ **Emergency Medical Treatment** – I consent to staff seeking emergency medical advice/treatment if necessary.
- ☐ **First Aid** – I consent to first aid being administered if required.
- ☐ **Photographs** – I consent to my child being photographed for display within the club.
- ☐ **Outings/Local Trips** – I consent to my child taking part in supervised walks or local outings during club time.
- ☐ **Sun Cream Application** – I consent to staff helping my child apply sun cream if needed.
- ☐ **Food & Snacks** – I consent to my child being offered snacks provided by the club (fruit, vegetables, crisps etc.).

Booking Details

Inset Day Date: _____
Drop-off Time: _____ Collection Time: _____

Declaration

I confirm that the information given is accurate and I will inform the club of any changes. I agree to abide by the club's policies and procedures.

Signed (Parent/Guardian): _____ Date: ____ / ____ / ____