

O.J.Rocks Fun Club
Registration/Contractual Form

Child's Name _____ Sex: M/F (delete one)

Date of Birth: _____

1st Language: _____ Religion: _____

Culture: _____

Child's Address: _____

Post Code: _____ Telephone Number: _____

Parents Names: _____

Address if different from above: _____

Email address: _____

Parent's Work Telephones numbers: _____

Authorized Person to collect your child other than yourselves as parents:

1. _____ Relation: _____

2. _____ Relation: _____

3. _____ Relation: _____

In an emergency give three names and telephone numbers, of people who can be contacted.

1. _____ Tel: _____

2. _____ Tel: _____

3. _____ Tel: _____

Allergies:

Please state if your child has any allergies in a different coloured pen and make the clubs staff aware.

Please note that if your child has an allergic reaction it has not been made aware to staff, then club is not liable.

Children will be well supervised during the club sessions and will only be handed over at the end to a named person. (permission from parents to staff).

Please talk to the staff on a regular basis; we will be pleased to discuss your child's progress and any pertinent areas of interest with you.

It is important that your child is 'registered in and out 'for each session, please inform the staff before you take your child home.

PLEASE UP-DATE YOUR CHILD'S PERSONAL DETAILS, AS AND WHEN REQUIRED. It is important that we are kept informed of any changes. E.g. change in home circumstances. Change in telephone numbers etc.

Thank you for registering with our Out of School Club, we hope that your child enjoys and benefits from joining us.

Signature of Parent: _____ Date: _____

Signature of Supervisor: _____ Date: _____