



# The Hub Holiday Club

## Registration Form (non Ruishton School Child)

### Child's details

Name of child..... Date of Birth.....

Known as..... School..... Class.....

Home Address.....

Postcode..... Home telephone: .....

Parents/Guardians Names (1) ..... Mobile contact.....

Parents/Guardians Names (2) ..... Mobile contact.....

Work Contact Number(s) .....

Email address.....

Who has parental responsibility for the above child(ren).....

### Other emergency contact details (To be contacted when parents/Guardian cannot be reached)

**1<sup>st</sup> Contact** Name .....Relationship to child.....

Tel No.....Mobile.....

**2<sup>nd</sup> Contact** Name .....Relationship to child.....

Tel No.....Mobile.....

**3<sup>rd</sup> Contact** Name .....Relationship to child.....

Tel No.....Mobile.....

It is important that we know of all persons authorised to collect your child(ren) besides those named above. Children will only be released into the care of persons named on this form. If you have telephoned to make alternative, last minute arrangements, a password system must be in place.

**Chosen Password** .....

### Authorised persons to collect your child (other than above named)

Name & Address .....

Relationship to child/family:.....

Name & Address .....

Relationship to child/family:.....

**Medical details**

Doctors Name and Practice.....

Practice Tel No.....Health Visitors Name.....

Does your child have any allergies/dietary requirements? (If yes give details and reactions)

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Does your child suffer from any medical problems e.g asthma, eczema, epilepsy? Yes/No (delete). If yes, please give details below.

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Is your child taking any medication that we should be aware of? Yes/No (delete)  
If yes, please give details below.

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Does your child have any special needs or disabilities? Yes/No (delete)  
If yes, what special support will he/she require?

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**Additional Information**

How would you describe your child's ethnicity/cultural background?.....

What is the main religion in your family?.....

What language(s) is/are spoken at home?.....

On occasions we may need to contact other professionals involved in your child's care to share information. **Are you happy for us to do this? YES / NO (delete)**  
We will always inform you if we contact other persons involved in your child's care.

Is there any other information that you feel is important for us to know about your child

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Signed.....Date.....  
(Parent/guardian of above named Child(ren))