School Holiday Registration Form 1



1. Personal details of	of child/child	I					
For families of more		ld, all child			me hom		
	First child		Se	cond child		Third	child
First name:							
Surname:							
Date of birth:							
Gender:							
School attended:							
Class:							
2. Authorised peop							
Please give full detail			orised to collect your child/be				• •
	Parent/gua	ardian	P	arent contact 1		Par	ent contact 2
First name:							
Surname							
Home Tel No:							
Mobile Tel No:							
Work Tel No:							
Relationship to child:							
Home Address							
3. Please confirm y	our current	email add	ress: Sen	ding emails about	playgroun	d and re	elevant New Ark news helps us to
keep costs down. Your e	mail will not be	shared with a	ny other or	ganisation. Also pl	ease regu	larly che	ck the notices in our reception
4. Medical details							
4. Wedical details	First child			On a seed ability			
Doctor's name and							Third shild
Doctor's name and	1 1100 0	illu		Second child			Third child
	1 1130 0	illiu		Second child			Third child
address:	1 1130 0	illiu		Second child			Third child
	1 1101 0	illid		Second child			Third child
address:	1 1131 3	IIIIu		Second child			Third child
address: Doctor's tel no:	1 1100	IIIIU		Second child			Third child
address: Doctor's tel no: Medical	1 1100	IIIIU		Second child			Third child
Doctor's tel no: Medical conditions: Allergies: Please detail any	1 1100	IIIIU		Second child			Third child
address: Doctor's tel no: Medical conditions: Allergies: Please detail any disabilities, health,		IIIIU		Second child			Third child
address: Doctor's tel no: Medical conditions: Allergies: Please detail any disabilities, health, behavioural or social		IIIIU		Second child			Third child
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address: Doctor's tel no: Medical conditions: Allergies: Please detail any disabilities, health, behavioural or social Issues. 5. Religion/diet etc: First child	: Please state	e here any Second c	hild	cultural or dieta	Third o	child	
address: Doctor's tel no: Medical conditions: Allergies: Please detail any disabilities, health, behavioural or social Issues. 5. Religion/diet etc: First child 6. Medical treatmer accordance with the	Please state	e here any Second o	child my child t qualified i	cultural or dieta	Third of the cal treat oner. De	child tment i etails o	n case of an emergency, in f any accidents and
Doctor's tel no: Medical conditions: Allergies: Please detail any disabilities, health, behavioural or social Issues. 5. Religion/diet etc: First child 6. Medical treatmer accordance with the treatments will be en	e Please state	e here any Second of mission for ations of a r medical r	my child qualified records wi	cultural or dieta	Third of the control	child tment i etails o ardian	n case of an emergency, in f any accidents and upon collection of their child. I
Doctor's tel no: Medical conditions: Allergies: Please detail any disabilities, health, behavioural or social Issues. 5. Religion/diet etc: First child 6. Medical treatmer accordance with the treatments will be en understand that I will	e Please state	e here any Second of mission for ations of a r medical r	my child to qualified we cords with each of the care and	cultural or dieta	Third of the control	child tment i etails o lardian ny child	n case of an emergency, in f any accidents and upon collection of their child. I
Doctor's tel no: Medical conditions: Allergies: Please detail any disabilities, health, behavioural or social Issues. 5. Religion/diet etc: First child 6. Medical treatmer accordance with the treatments will be en	e Please state	e here any Second of mission for ations of a r medical r	my child qualified records wi	cultural or dieta	Third of the control	child tment i etails o ardian	n case of an emergency, in f any accidents and upon collection of their child. I

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promotional materia			nd videos for use in I and online).	new Ark record ke	eping, displays and			
If you are happy for your child to appear in any of these formats please tick the box.								
 door is kept closed wind adult or sibling aged? Please do not allow you similar items. In the interest of all stochild or adult acting in the inter	ot allow children under eight to controlled entry. All child 14+. Four child to bring bikes, so that and children, we will not this manner. Our behaviour child you will be charge to late due to unforeseen ciesh to become a me	nt to leave our buildings dren aged 8 and under cooters, valuables or larger tolerate behaviour be our policy is on display is at £10 per 15 minutes or cumstances you MUSTMDER of Newark	ge quantities of money to Nelieved to be harmful or in an reception and you may as or part thereof. Your member T contact New Ark on 0173:	at of our premises by a restlew Ark as we accept no land way abusive. We reserved us for a copy. Bership will be reviewed if y 3 340605 Ich gives me the ri	responsible person e.g. an responsibility for these or ve the right to exclude any you are late 3 times in any ght to vote at the			
playground session			vish to register childi	ren in my nouseno	id for the above			
Parent signature:			Staff signature:					
Parent name:			Staff name:					
Date:			Date:					
10. Registration Fe	ees paid		<u> </u>					
Term	No Of Children	Amount Due	Amount Paid	Date Paid	Staff Initials			
Information for sta	aff							