

School Holiday Registration Form 2016



 Personal details of child/children For families of more than one child, all children must reside at the same home address. 										
	First child	,	Second child		d child					
First name:										
Surname:										
Date of birth:										
Gender:										
School attended:										
Class:										
2. Authorised people/emergency contact details Please give full details of people authorised to collect your child/be contacted in an emergency.										
	Parent/gua		Parent contact		arent contact 2					
First name:	l alonague									
Surname										
Home Tel No:										
Mobile Tel No:										
Work Tel No:										
Relationship to										
child:										
Home Address										
					relevant New Ark news helps us to					
keep costs down. Your er	nail will not be	shared with any o	other organisation. Also pl	lease regularly c	heck the notices in our reception					
4. Medical details										
	First c	hild	Second child		Third child					
Doctor's name and										
address:										
Doctor's tel no:										
Medical										
conditions:										
Allergies:										
Please detail any										
disabilities, health, behavioural or social										
Issues.										
5. Religion/diet etc:	Please state	here any reli	gious, cultural or diet	ary requireme	ents.					
First child		Second child	k	Third child						
6 Madical tractments Laive permission for my child to receive medical tractment in sees of an emergency in										
6 Modical treatmon	t I aivo norr	6. Medical treatment: I give permission for my child to receive medical treatment in case of an emergency, in accordance with the recommendations of a qualified medical practitioner. Details of any accidents and								
accordance with the	recommenda	ations of a qua	alified medical practiti	ioner. Details	of any accidents and					
accordance with the	recommenda tered into ou	ations of a qua r medical reco	alified medical practition of the second state	ioner. Details arent/guardia	of any accidents and n upon collection of their child. I					
accordance with the treatments will be en	recommenda tered into ou	ations of a qua r medical reco d if possible ir	alified medical practition of the second state	ioner. Details arent/guardia	of any accidents and n upon collection of their child. I ld.					
accordance with the treatments will be en understand that I will	recommenda tered into ou	ations of a qua r medical reco d if possible ir	alified medical practiti ords with a copy for p on the case of an accio	ioner. Details arent/guardia dent to my chi	of any accidents and n upon collection of their child. I ld.					

• •			d videos for use in I	New Ark record ke	eping, displa	ys and					
promotional materials (which may appear both printed and online).											
If you are happy for	If you are happy for your child to appear in any of these formats please tick the box.										
 8. **** Important information – please read***** Staff members will not allow children under eight to leave our buildings unless they are being collected by a recognised responsible person, our front door is kept closed with controlled entry. All children aged 8 and under must be signed into and out of our premises by a responsible person e.g. an adult or sibling aged 14+. Please do not allow your child to bring bikes, scooters, valuables or large quantities of money to New Ark as we accept no responsibility for these or similar items. In the interest of all staff and children, we will not tolerate behaviour believed to be harmful or in any way abusive. We reserve the right to exclude any child or adult acting in this manner. Our behaviour policy is on display in reception and you may ask us for a copy. If you are late collecting your child you will be charged £10 per 15 minutes or part thereof. Your membership will be reviewed if you are late 3 times in any term. If you are going to be late due to unforeseen circumstances you MUST contact New Ark on 01733 340605 											
9. Declaration I wish to become a member of Newark Play Association in 2016, which gives me the right to vote at the AGM and apply to join the Management Committee. I wish to register children in my household for the above playground sessions and have read section 8 above.											
Parent signature:			Staff signature:								
Parent name:			Staff name:								
Date:			Date:								
10. Registration Fees paid											
Term	No Of Children	Amount Due	Amount Paid	Date Paid	Staff Ini	tials					
Information for staff											