## **School Holiday Registration Form 1**



		Iran							
1. Personal details of For families of more			must reside at the sa	ame home add	dress				
1 01 1411111100 01 111010	First child	ia, an ormaron	Second child	1	d child				
First name:	1 1101 011110		Cocona crima						
Surname:									
Date of birth:									
Gender:									
School attended:									
Class:									
2. Authorised people/emergency contact details									
Please give full deta	e give full details of people authorised to collect your child/be contacted in an emergency.								
	Parent/gua	ardian	Parent contact	1 Pa	rent 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 addres	S: Sending emails about	playground and i	relevant New Ark news helps us to				
			other organisation. If you	would like to opt o	out please contact us. Also please				
regularly check the notice	es in our recepti	on.							
4. Medical details									
4. Wedical details	First c	hild	Second child	1	T				
Doctor's name and	FIISLC	niiu	Second child		I I bird obild				
Doctor's name and address:					Third child				
addicss.					I hird child				
					I hird child				
Doctor's tel no:					I hird child				
Doctor's tel no:					I hird child				
					I hird child				
Medical					I hird child				
Medical conditions: Allergies: Please detail any					I hird child				
Medical conditions: Allergies: Please detail any disabilities, health,					I hird child				
Medical conditions: Allergies: Please detail any disabilities, health, behavioural or social					I hird child				
Medical conditions: Allergies: Please detail any disabilities, health, behavioural or social Issues.	· Please state	a here any rel	gious cultural or die	tary requireme					
Medical conditions: Allergies: Please detail any disabilities, health, behavioural or social Issues.  5. Religion/diet etc.	: Please state		igious, cultural or die						
Medical conditions: Allergies: Please detail any disabilities, health, behavioural or social Issues.	: Please state	e here any rel Second chil	<u>-</u>	tary requireme					
Medical conditions: Allergies: Please detail any disabilities, health, behavioural or social Issues.  5. Religion/diet etc.	: Please state		<u>-</u>						
Medical conditions: Allergies: Please detail any disabilities, health, behavioural or social Issues.  5. Religion/diet etc: First child  6. Medical treatment	<b>nt:</b> I give perr	Second child	d child to receive med	Third child	nts. in case of an emergency, in				
Medical conditions: Allergies: Please detail any disabilities, health, behavioural or social Issues.  5. Religion/diet etc: First child  6. Medical treatmer accordance with the	nt: I give perr	Second child mission for my ations of a qua	child to receive med	Third child lical treatment ioner. Details of	in case of an emergency, in of any accidents and				
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	nt: I give perr recommenda ntered into ou	Second child mission for my ations of a quar r medical rec	child to receive med alified medical practitords with a copy for p	Third child lical treatment ioner. Details o parent/guardiar	in case of an emergency, in of any accidents and n upon collection of their child. I				
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	nt: I give perr recommenda ntered into ou	Second child nission for my ations of a qua r medical rec d if possible in	child to receive med alified medical practit ords with a copy for p the case of an accid	Third child lical treatment ioner. Details o parent/guardiar dent to my chil	in case of an emergency, in of any accidents and n upon collection of their child. I d.				
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	nt: I give perr recommenda ntered into ou	Second child nission for my ations of a qua r medical rec d if possible in	child to receive med alified medical practitords with a copy for p	Third child lical treatment ioner. Details o parent/guardiar	in case of an emergency, in of any accidents and n upon collection of their child. I d.				

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promotional materia			nd videos for use in land 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.								
<ul> <li>door is kept closed wi adult or sibling aged 1</li> <li>Please do not allow y similar items.</li> <li>In the interest of all st child or adult acting in If you are late collecting you</li> </ul>	ot allow children under eigh ith controlled entry. All child 14+. Four child to bring bikes, so taff and children, we will no in this manner. Our behavio our child you will be charge	nt to leave our buildings dren aged 8 and under cooters, valuables or larget tolerate behaviour be our policy is on display in the £10 per 15 minutes of	e unless they are being collection must be signed into and our ge quantities of money to Note to be harmful or in an in reception and you may assor part thereof. Your member Contact New Ark on 0173:	at of our premises by a residew Ark as we accept no remaining way abusive. We reserved us for a copy.	esponsible person e.g. an esponsibility for these or ve the right to exclude any			
9. Declaration I wis	sh to become a me oin the Manageme	mber of Newark I	Play Association wh	ich gives me the ri				
Parent signature:			Staff signature:					
Parent name:			Staff name:					
Date:			Date:					
10. Registration Fo	ees paid							
Term	No Of Children	Amount Due	Amount Paid	Date Paid	Staff Initials			
Information for sta	 aff							