



Chill Out of School Club Registration

Childs name _____ Date of birth _____

Childs address _____

_____ Postcode _____

Home telephone number _____

Name of person/s with parental responsibility _____

Address of person/s with parental responsibility _____

_____ Postcode _____

Name of parent/carer _____

Address of parent/carer _____

_____ Postcode _____

Emergency contact telephone no's

Name _____ Number/s _____

Name _____ Number/s _____

Name _____ Number/s _____

Allergies _____

Medical information _____

Doctors name _____ Telephone _____

Address _____

Persons with permission to collect child from Chill sessions:

Names _____

A password to be given when collecting your child _____

I agree to photographs being taken for Early Years Foundation Stage observations (reception children) and Chill promotion in school. I agree not to reproduce any photographs in any form containing images of other children when released from school. Yes/No

Any other relevant information _____

In the event of an emergency I give permission for my child to receive treatment by qualified staff if I am unable to be contacted. I also give permission for Chill staff to seek advice from qualified medical personnel by telephone.

Parent/carer name _____ Signature _____