

Children's Programme Under Fives Registration form 2012

BS	TS	MS	LS	MXS
AM 1		AM 2		SN

1 Child's details Please use BLOCK CAPITALS when filling out this form	
Childs surname:	Age: years: months:
First name:	Date of birth:
Name child is known by:	Gender: Boy <input type="checkbox"/> Girl <input type="checkbox"/>
2 Resort accommodation	3 Home address
Chalet/Caravan number:	Home address:
Block/Row number: Village name:	
Mobile tel no*:	Postcode:
* Please ensure that the phone is switched on and set to 'silent' or 'vibrate' when you are in a seminar/meeting.	Home tel no: Email address:
4 Are you here as.....	
A day visitor? <input type="checkbox"/> Yes <input type="checkbox"/> No Part of a church group? <input type="checkbox"/> Yes <input type="checkbox"/> No A lone parent? <input type="checkbox"/> Yes <input type="checkbox"/> No	
5 Emergency contact (off-site)	6 GP details
Name, address & telephone no:	Name, address & telephone no:
7 Medical and other needs	
Baby sleeps on front/back/side? Any special words for toilet, drink etc? May your child: 1. have water? <input type="checkbox"/> Yes <input type="checkbox"/> No Is there anything else we should know? (allergies to nuts, anti-bacterial wipes/gel; special needs; health problems; educational; language; cultural or religious considerations etc.)	Uses a blanket/comforter/toy etc? Is you child toilet trained? <input type="checkbox"/> Yes <input type="checkbox"/> No 2. be taken out for walks etc? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does your child have asthma? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Will your child need to have medication administered during the programme? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please ensure you speak to your child's Programme Leader/Special Needs Coordinator.
8 Declaration	
I give permission for my child to be taken on short outings on resort or to the beach. I understand this may include Butlins' rides or other play area facilities (under proper supervision). I declare that I am the person with parental responsibility for the child named in this form. I understand the information on this form will be used by Spring Harvest staff to help fulfil their roles in looking after this child whilst in their care. I further declare that Spring Harvest staff are allowed to hand over the named child to the holder of the Child Collection Ticket, or to either of the persons named in this form as having parental responsibility (on production of proof of identity) if the Child Collection Ticket cannot be produced. If there is any doubt whatsoever, even on the production of the Ticket as to the authority of any person attending to collect the child, then Spring Harvest are authorised to retain the child in their care until they are satisfied as to the authority of the person so attending. I am aware that video clips may be used during the programme up to and including a PG certificate, and that photographs and video clips may be taken for use within the venue for staff training purposes and for Spring Harvest promotional material. In the unlikely event of an accident I give my permission for any necessary medical advice or treatment to be given by the nominated first aider. In an emergency and if I am not contactable, I am willing for my son/daughter to receive hospital treatment including an anaesthetic (I understand that Spring Harvest will always try to contact me in the first instance).	
Name	Signature
	Date
Relationship to child Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Other <input type="checkbox"/>	
Name	Signature
	Date
Relationship to child Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Other <input type="checkbox"/>	

