**Coppice and Langley Club**

**Registration Form (New Child)**

Please ensure that the data held by the Club and schools is always current and appropriate.

Child’s Full Name:

Religion, if any:

Ethnic origin:

Date of birth:

Name of parents/carers:

Email address(es):

Mobile numbers:

Contact 1: Contact 2:

Relationship to child: Relationship to child:

Home Address:

Home telephone:

**Emergency Contact Information**

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| --- | --- | --- | --- |
| Name: | Relationship to child: | Telephone number: | OK to collect Y/N |
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# Medical, Dietary & SEND Information

I give my consent to my child receiving any medical treatment which is urgently necessary: Yes/No

Does your child have any Special Educational Needs?

If yes, please can you detail their needs/behaviours along with any support that you think your child may need (this will help us to fully include them in the club):

Doctor’s name and address:

Doctor’s telephone number:

Important medical information, e.g. health issues, allergies or any dietary needs:

Does your child need to keep medication within school, such as an EpiPen or inhaler?

If yes, the same medication will be required to be held with the club.

# Please could you indicate if you will be using Childcare Vouchers as your payment method: Yes/No

# Parent Agreement

By signing and returning this form, I agree to my child being registered at Coppice and Langley Club and to taking up sessions as arranged through the Club’s booking system on School Money.

I have been provided with a copy of the Parent Information Booklet and I am aware that Club Policies and Procedures are available should I wish to read them.

I understand that there is a single registration fee of £12.00 per child/family and this is payable in full before sessions can be booked on a regular basis. **NB**: The registration fee will be added to your child’s online account (School Money) when it is activated and payment is required immediately.

Signed................................................ (Parent/carer) Date...........................................