**Registration at All My Friends, Out of School Club & Holiday Club**

**Bill Payer Details Payment Details** (Mark all that apply)

Title: Name: Standing Order/ BACS

 Voucher: State company-

Address: (If different from child) Cash

Home Tel: Tax Free Childcare

Mobile No:

Email: Monthly

**Primary Contact** Parental Responsibility yes/no Authorised Pick Up yes/no

Title: Emergency Contact yes/no

Forename: Relationship to child:

Surname: Home Tel:

Address (If different from child) Place of work:

 Work Tel:

 Mobile No:

Postcode: Email:

Critical worker yes/no

**Contact 2** Parental Responsibility yes/no Authorised Pick Up yes/no

Title: Emergency Contact yes/no

Forename: Relationship to child:

Surname: Home Tel:

Address (If different from child) Place of work:

 Work Tel:

 Mobile No:

Postcode: Email:

Critical worker yes/no

**Contact 3** Parental Responsibility yes/no Authorised Pick Up yes/no

Title: Emergency Contact yes/noForename: Relationship to child:

Surname: Home Tel:

Address Place of work:

 Work Tel:

 Mobile No:

Postcode: Email:

Other Info:

**Doctor’s Details Dentist Details**

Surgery Name: Surgery Name:

GP Name: Address:

Address:

 Tel No:

Tel No:

Other professionals involved with care: (Include Social Workers)

**Permissions**

Photographs of your child can be used displayed in the club scrap books Yes/No

Photographs of your child can be used on All My Friends social media Yes/No

Photographs of your child can be used on All My Friends Website Yes/No

Photographs of your child can be used for advertising materials Yes/No

Nail painting: Yes/No

Face painting: Yes/No

Temporary tattoos: Yes/No

Xbox/Wii games (Age appropriate): Yes/No

Impromptu local outings (off site outings to local park ect.) Yes/No

Any other info:

\*Children’s photos will still be used once your child has left the setting unless you withdraw consent.

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I sign to confirm that all the above information is accurate to the best of my knowledge and agree to inform the club if any details change.

Name of Parent/Carer: Signature: Date: