

## Christleton Holiday Camp - October 2018

## Child Registration and Information Form.

<u>Child Details:</u>
First Name:
Surname:
Date of Birth:
Known as:
School attending:
Please indicate below which sessions you require. These must be paid for in advance.
Full Day 8am - 6pm £27.50
School Day 9am - 3pm - £20.00
Please make payment to:
Natwest Bank Account No: 19042566
Sort Code: 60 24 77
Please write your child's Name and Surname in the Reference Box.
Please note this payment is non-transferrable and non-refundable
Please see attached schedule of activities

## Days you wish your child to attend:

Week 1 Mon 29th October - Friday 2nd November

	Monday	Tuesday	Wednesday	Thursday	Friday
8am - 6pm					
9am - 3pm					

Parents/Guardians:	
Carer 1 Details:	Carer 2 Details:
First Name:	First Name:
Surname:	Surname:
Relationship to Child:	Relationship to Child:
Home Address:	Home Address:
No & Road:	No & Road:
Area:	Area:
City:	City:
Country:	Country:
Post Code:	Post Code:
Phone No:	Phone No:
Mobile 1:	Mobile 1:
Mobile 2:	Mobile 2:
E-Mail:	E-Mail:
Day time (work) contact details:	Day time (work) contact details:
No & Road:	No & Road:
Area:	Area:
City:	City:
Post Code:	Post Code:
Phone No:	Phone No:
Mobile 1:	Mobile 1:
Are there any other adults who may co	ollect your child from Club Rocks?
If so please complete the details below	
First Name:	
Surname:	
Relationship to child:	
Address:	
<i>C</i> ity:	
Post Code:	
Phone No:	
Mobile 1:	
E-Mail:	

Club Rocks Christleton Activity Camp
Tel: 07724 757306 Tel: 01244 332270 Email: hello@clubrocks.net

medical Information
Doctors Details:
Name:
Address:
City:
Post Code:
Phone No:
Does your child have any medical conditions (Allergies, Medication, Ongoing illness etc?)
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If yes please provide details of medical condition.
In the unlikely event that a medical emergency occurs it may become necessary for us to obtain emergency medical advice for your child. In serious cases it may be that we would need to obtain emergency treatment. I/We do give my/our consent for Club Rocks to make arrangements for emergency medical advice or treatment should the occasion arise for the child overleaf.
This is mandatory. A signature must be present to accept your registration.
Parent/Carer 1 Parent/Carer 2
(Parent/Carers Signature) (Parent/Carers Signature)
Any other Information about your child that you think we should now:
Permission request:
I give permission for my child's picture to appear on
The company's Facebook page
The company's Website
In the Clubs Newsletter and given to Parents
On local advertising
Around Club Rocks premises

## **NOTES FOR PARENTS:**

- 1. Please ensure your child has a packed lunch and plenty of snacks and drinks.

  Breakfast will be provided for those children booked in for a full day (8am 6pm)
- 2. Parents to provide sun cream, hats and waterproof clothing (whatever is appropriate)
- 3. Wrap around care to include a mix of activities (den building, water fun, Bushcraft, tent building, ring games)