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| **Busy Bees** | **RIPPONDEN OUT OF SCHOOL CLUB** |
|  | REGISTRATION FORM2019 - 2020  |

ALL CHILDREN WHO ATTEND THE CLUB MUST BE REGISTERED.

Children remain at the club until collected by an adult.

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| **Child’s Name (full)** |  |
| **Name to be called** |  |
| **Address** | **Post code** |
| **Date of birth** |  |

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| **Names of parents/guardians** |  |

Parent/guardian 1 - Name and address of workplace

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Relationship to child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone number (daytime)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (mobile) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/guardian 2 - Name and address of workplace

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Relationship to child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone number (daytime)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (mobile) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and address of person collecting child from Busy Bees if differernt from parent/guardians (children will only be allowed to leave with a named person)

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ relationship to the child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Details of child’s doctor** |
| Doctor |  |
| Surgery address |  |
| Telephone No. |  |
| **Does your child have any known medical problems?** |
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| **Does your child have any known allergies or major dislikes, e.g. certain foods or materials?** |
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| **Details of inoculations received and dates given (THIS INFORMATION MUST BE GIVEN)** |
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| **The club uses hypoallergenic plasters and antiseptic cream. If your child is allergic to these products or you object to their use on your child, please state.**  |
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| **I consent to any emergency medical treatment necessary during attendance at the club. I authorise the play/care staff to sign any written form of consent required by the hospital authorities if a delay in getting my signature is considered by the doctor to endanger my child’s health and safety.**  |
| Yes, I agree ……………………………. No, I do not agree …………………………… |

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| **I consent to my child’s photograph appearing on the Ripponden Busy Bees Facebook Page (no names will be used)** |
| Yes, I agree ……………………………. No, I do not agree …………………………… |

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| **I consent to my child taking part in activities that take place away from the club premises and school grounds (park, library, museums, pictures etc)** |
| Yes, I agree ……………………………. No, I do not agree …………………………… |

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| **I give consent for a member of staff at Busy bees to administer medicine that has been prescribed for my child.****Signed…………………………………………………….****Date …………………………………..**  |

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| **Email address of parent/carer to receive invoices electronically:** |