

The Holiday Club Family Registration Form

Children's Details	Child's First name	Child's Surname	Date of Birth	School Attended
<p><i>Please give the children's details in this section</i></p>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

<p>Parents/Carers Details</p> <p><i>Please give the name and the address that all correspondence should be sent to</i></p> <p>In case we need to contact you whilst you are at work, please give your business name and phone numbers landline and/or mobile that we should call</p>	Name	<input style="width: 95%;" type="text"/>
	Address	<input style="width: 95%; height: 80px;" type="text"/>
	Postcode	<input style="width: 95%;" type="text"/>
	Home phone number	<input style="width: 95%;" type="text"/>
	Daytime contact details	<input style="width: 95%;" type="text"/>
	Email Address	<input style="width: 95%;" type="text"/>

People you authorise to collect the above named child/ren	Name	Relationship to child
<p><i>Please give details of any other adults who you authorise to collect your child/ren</i></p>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

<p>Emergency Contact</p> <p><i>Please give details of who we should contact in an emergency if we are unable to contact you</i></p>	Name	<input style="width: 95%;" type="text"/>
	Address	<input style="width: 95%; height: 80px;" type="text"/>
	Phone number	<input style="width: 95%;" type="text"/>

<p>Parental Responsibility</p> <p><i>If it is anyone other than yourself, please tell us who has parental responsibility for the named child/ren</i></p>	Name	<input style="width: 95%;" type="text"/>
	Address	<input style="width: 95%; height: 80px;" type="text"/>
	Phone number	<input style="width: 95%;" type="text"/>

<p>Additional Information</p> <p><i>Please give here any other information that we may need to know about any of the above named children i.e.; Medical, Dietary or additional needs etc</i></p>	<input style="width: 95%; height: 100px;" type="text"/>
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- I consent to my child/ren receiving medical treatment in an emergency and to my child being taken on supervised trips
- I confirm that the above information is correct and that I will notify The Holiday Club of any changes to the information given
- I confirm that I have read the current Terms and Conditions and agree to be bound by them

Signed:

Dated: