

# Toll Bar October Half-Term Holiday Club



## **Registration Form**

**Please complete in full and return to school by Friday 24th October**

### **Child Details**

Full Name:

Date of birth:

Address:

### **Parent/Carer Details**

Name:

Relationship to child:

Daytime telephone number:

Mobile number:

### **Parent/Carer Details**

Name:

Relationship to child:

Daytime telephone number:

Mobile number:

### **Medical Details**

Doctor's Name:

Medical practice/address:

Telephone number:

Allergy Details:

Medical Details:

**Please keep your mobile on at all times when your child is at the holiday club.**

In the event of an accident or medical emergency the Holiday Club will make every effort to contact you. Should this not be possible for any reason do you give permission for your child to receive the medical treatment as recommended by a Doctor in your absence? **YES / NO**

I do / do not give permission for my child's photograph to be used for promotional purposes.

Signature: \_\_\_\_\_

### **Data Protection**

We keep data about the children that attend and their parents in order to administer and manage the Holiday Club. We do not transfer any information to third parties. We keep all personal data in accordance with the Data Protection Act.