

REGISTRATION FORM (A separate form needs to be filled out for each child, for every holiday play scheme, even if your child attends during term time)

PLEASE USE BLOCK CAPITALS AND COMPLETE ALL SECTIONS

| | |
|---|--|
| Child's Full Name | . |
| Date of Birth | . |
| Address | . |
| School Attended | . |
| Year/Class/ Teacher's Name | |
| Does your child have any Medical problems? | Full details of any medical, developmental or special social needs MUST be given. In the instance of allergies the severity must be accurately described. A discussion with The Dell's Co-Ordinator will need to take place before a place can be offered. The Dell is run independently of Morgan's School and the school does not automatically share information with The Dell |
| Does your child have any major dislikes (eg food or materials)? | |
| Any other information you think we ought to be aware of. | |
| Ethnic Origin (Please Circle) | White Black-Other Asian-Bangladeshi Other Black-African Asian-Indian Chinese Black-Caribbean Asian-Pakistani Dual-Heritage |

| | | |
|---|--------|------|
| Name and Address of Parent(s) or Carer(s) | | |
| Telephone Numbers | Home | Work |
| | Mobile | |

| | |
|---------------------------------------|-------------------------------------|
| GP Details | Name . Address Tel No. |
| Emergency Alternative Contact Details | Name Address Tel No. |
| Emergency Alternative Contact Details | Name Address Tel No. |
| E-mail Address | |

Some of the routine activities of The Dell may involve visiting parks or short trips on foot or in a mini-bus. For your child to take part in these activities you must give permission.

I agree to my child taking part in the activity described above YES/NO

The Dell likes to keep photographic records of organised activities and outings. However, The Dell has a duty to protect children and require parental permission to take such photographs

I agree that The Dell may take photos of my child for The Club album YES/NO

I consent to any emergency medical treatment necessary whilst my child is at The Dell. I authorise The Dell's staff to sign any written form of consent required by the hospital authorities if the delay in getting my signature is considered by the doctor to be detrimental to my child's wellbeing. YES/NO

I/We have read through the rules/regulations regarding how The Dell Operates.

I/We understand that if there are any problems we can discuss these with The Co-ordinator or a representative of The Dell.

Signed Date

Please include a stamped addressed envelope if you would like confirmation by post that the days you would like to book are available for your child(ren).

Please post this form to:

For Morgan's Term Time or Holiday Play Schemes: Sara Atkins, The Dell Out of School Club, c/o Rapier House, 4-6 Crane Mead, Ware, Herts, SG12 9PW. Tel: 01920 88 5143

For Abel Smith Term Time: Amy Pleeth, The Dell Out of School Club, c/o Abel Smith School, Churchfields, Hertford, SG12 8AE. Tel: 07903 949681