**Church Langley Rangers**

**Registration form**

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| Child’s Name  (in full) |  |
| Name you would like your child known as |  |
| Date of Birth |  |
| Church Langley year group class |  |
| Language most commonly spoken at home |  |
| Full Address |  |
| Name of Parent/Carer (s) |  |
| Telephone Number Day time/ evening |  |
| Email address |  |
| Parents Work Place Address and work telephone Number |  |
| 1st Alternative Emergency Contact  Name  Relationship to Child  Telephone Number  Address | *(Alternative emergency contacts must not be parents)* |
| 2nd Alternative Emergency Contact  Name  Relationship to Child  Telephone Number  Address | *(Alternative emergency contacts must not be parents)* |
| Doctors Name  Address  Telephone Number |  |
| Does your child have any medical problems we should aware of? |  |
| Allergies or major dislikes e.g. certain foods or materials? |  |
| If you have any requests/requirements about religious observance, food, clothing, health or other matters important to you please ensure we are aware of them. |  |

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| **Permissions**  ACCIDENTS   * I give permission to the seeking of any necessary emergency medical advice or treatment in the future * I give permission for my child to be treated in the event of an accident, whilst in the care of Church Langley Rangers – all staff are Paediatric First Aid trained. * I give permission for staff to escort my child to hospital by ambulance and to authorise treatment in my absence, in the event of a serious accident.   SHORT OUTINGS   * I agree to my child going on supervised short outings on foot. (We will always let you know beforehand if we have plans to do this).   FILMS/DVDS  (The children may watch DVDs, these are always supervised and age appropriate, with a certificate of U or PG)   * I give permission for my child to watch films/DVDs with a certificate of PG   Name ……………………………………………………    Signature ……………………………………………….  Date …………………………………………………….   * Please delete or X if you do NOT give permission |
| EMERGENCY DEPARTURE PROCEDURE  In the unlikely circumstance that you or your emergency contacts are unavailable to collect your child, we would follow the Emergency Departure Procedure (EDP)  Could you please complete password details below, ensuring this is memorable and kept confidential. The password to be used in an emergency for your child is:  ……………………………………………… |
| Any additional Information: |

Please complete by ticking the days you would like your child to start with us and state the date you wish for them to start.

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| Days | Breakfast Club | Full After-School Club Club from school collection time up until 5:45pm | Pick up collection service ONLY from school collection time up until 3:45pm |
| Monday |  |  |  |
| Tuesday |  |  |  |
| Wednesday |  |  |  |
| Thursday |  |  |  |
| Friday |  |  |  |

Start date:……………………………………………………………………………………….