

## Church Langley Rangers Registration form

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	
<u>1<sup>st</sup> Alternative Emergency Contact</u>  Name Relationship to Child Telephone Number Address	<i>(Alternative emergency contacts must not be parents)</i>
<u>2<sup>nd</sup> Alternative Emergency Contact</u>  Name Relationship to Child Telephone Number Address	<i>(Alternative emergency contacts must not be parents)</i>
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.	

<p><b>Permissions</b></p> <p><b>ACCIDENTS</b></p> <ul style="list-style-type: none"> <li>• I give permission to the seeking of any necessary emergency medical advice or treatment in the future</li> <li>• 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.</li> <li>• 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.</li> </ul> <p><b>SHORT OUTINGS</b></p> <ul style="list-style-type: none"> <li>• 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).</li> </ul> <p><b>FILMS/DVDS</b> (The children may watch DVDs, these are always supervised and age appropriate, with a certificate of U or PG)</p> <ul style="list-style-type: none"> <li>• I give permission for my child to watch films/DVDS with a certificate of PG</li> </ul> <p>Name .....</p> <p>Signature .....</p> <p>Date .....</p> <ul style="list-style-type: none"> <li>• Please delete or X if you do <u>NOT</u> give permission</li> </ul>
<p><b>EMERGENCY DEPARTURE PROCEDURE</b></p> <p>In the unlikely circumstance that you or your emergency contacts are unavailable to collect your child, we would follow the Emergency Departure Procedure (EDP)</p> <p>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:</p> <p>.....</p>
<p>Any additional Information:</p>

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.

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:.....