



Child's Full Name	Male/Female/Other
Date of Birth	Year Group
Parent/Guardian Name <i>Mr Mrs Miss Ms Dr</i>	Parent/Guardian Name <i>Mr Mrs Miss Ms Dr</i>
Parental Responsibility Yes/No	Parental Responsibility Yes/No
Address:	Address (If different from previous)
Postcode:	Postcode:
Home Tel:	Home Tel:
Mobile Tel:	Mobile Tel:
Work Tel:	Work Tel:
Email:	Email:
<b>Please indicate preferences</b> Invoices/DD request to this address Yes/No Parent updates Yes/No	<b>Please indicate preferences</b> Invoices/DD request to this address Yes/No Parent updates Yes/No
Has anyone else got legal contact Yes/No If yes, please give details	
<p><b>For child protection reasons it is ESSENTIAL that we have TWO emergency contacts who are not already named, to contact in the event of an emergency where parents or guardians are unavailable</b></p>	
Name of Emergency Contact One <i>Mr Mrs Miss Ms Dr</i>	Name of Emergency Contact Two <i>Mr Mrs Miss Ms Dr</i>
Address:	Address:
Home Tel:	Home Tel:
Mobile Tel:	Mobile Tel:
Childs' ethnicity (optional)	Religion
Main spoken language in family	
Parent/Carers work address and telephone numbers	<i>OFFICE USE</i> <i>T &amp; C</i> <i>Pass</i> <i>Reg Fee</i>
<p>All information remains confidential – you may be asked to provide a periodic update.  <b>It is your responsibility to ensure these details are kept up to date</b></p>	



**MEDICAL AND PERSONAL DETAILS**

Does your child have any <u>SPECIAL</u> dietary needs If yes, please give details:	YES/NO
Does your child suffer from allergies/sensitivities If yes, please give details:	YES/NO
Is your child on the Special Educational Needs and Disability Register	YES/NO If yes, please attach details.
Does your child have any additional needs e.g. extra support emotional/physical	YES/NO If yes, please attach details.
Name of Child's doctor	
Doctors' Surgery & Contact number	
Has your child any ongoing health problems (Please specify)	
Does your child take any regular medication If yes, please give details:	YES/NO
Date of last Tetanus injection:	
<b>I agree that my child:</b>	
May have first aid plasters	YES/NO
May have sun cream (provided by you) applied	YES/NO
May be taken to a doctor or hospital in an emergency	YES/NO
May have their photograph taken for the purposes of displays	YES/NO
May have their photograph used on the website	YES/NO
<b>IN THE EVENT OF US NOT BEING ABLE TO CONTACT YOU IN AN EMERGENCY.</b> Do you consent to emergency medical treatment or procedures?	
YES/NO	
<b>PASSWORD – _____</b> Here at Club LG if someone other than you is collecting your child it will be necessary to ask for photographic identification and this password. <i>Please note that until staff get to know you, they may ask you for this password.</i>	

**WE have read the terms and conditions and agree to be bound by them**

Parent/Guardian (1) Name .....Signature.....

Parent/Guardian (2) Name .....Signature.....

Date form completed .....