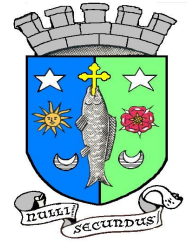


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**Coldstream
 Community Trust**
 (St Cuthberts)
 Registered Charity
 No: SC027990



After School Club Registration Form

Please complete this form and return to Julie or Andrea @ Coldstream Community Centre **before** your child attends A.S.C.

Childs Name.....**D.O.B**..... **Telephone No**.....
 Address.....

G.P's Name, Address.....
Tel No.....

Name of Parent/Guardian..... **Emergency Tel No**.....

School Attended.....Year Group.....

1. Which days would you like your child to attend A.S.C.? Please tick all days relevant

- | | |
|-----------|----------|
| Monday | Thursday |
| Tuesday | Friday |
| Wednesday | |

2. Will the days vary from week to week? YES NO
 (If so, please telephone and book your child into the sessions required on a weekly basis)

3. What time would you like your child to attend the sessions?
 For the whole session Other (please specify)

4. Will your child be collected from the group? YES NO

5. If yes, could you give us a list of all adults who could possibly collect your child.....

6. Does your child have any allergies, fears or phobias? If yes, please give us details.....

7. Does your child have any special dietary requirements? If yes, please give us details.....

Medication

8. Does your child take any medication? Please give us details, how it is taken, dosage, how often

.....

9. Will your child require medication during A.S.C.?.....

If Yes, Details.....

10. Does your child have any special needs or medical condition? (Please give details).....

.....

Interests

11. What is your child's Hobbies, interests, likes and dislikes?.....

.....

.....

12. Are there any activities that your child will be unable to do e.g. swimming, horse riding?.....

.....

13. Is there any other information that you feel will be helpful about your child?.....

.....

CONSENT FORM

NAME OF CHILD _____ AGE: _____ DATE: _____

Use of Photographs

I give consent for photographs to be used appropriately for advertising purposes

CYP Internet Bebo site Local/National Newspaper CYP Brochure

Movies/Games

I give consent for my child to watch the following category of film/play game (X-box etc.):

U 3+ PG 12

(Please circle those appropriate)

If your child wishes to bring in suitable movies, games or music to play and share with the rest of the group all are welcomed with your permission. 15's are not allowed in A.S.C. so can you ensure that your child does not bring them into the centre. Thank you

Application of First Aid

In the case of having a minor fall or accident I give consent for..... to have the following administered;

Antiseptic Wipe	YES/NO	Antiseptic Cream	YES/NO
Plaster	YES/NO	Bandage	YES/NO
OTHER	YES/NO		

Please state OTHER.....

Does your child have any allergies to any materials used in the first aid situation? YES/NO
If yes, what?.....

For your information:

If your child complains of having a headache or becomes unwell during a session our procedure is to ensure that they have plenty of water, something to eat and quiet time (lie down in a quiet area). If the child's discomfort is then unresolved we then contact you the parent/carer to collect the child.

If in the instance that you were not able to be contacted or that your child was away on an outing where by administering a Paracetamol-based product was deemed necessary would you give consent? YES/NO

If yes, what product.....and quantity.....

If no, what would you like us to do?.....

Do you give your permission for staff to take your child on outings to the beach, park etc?
Yes No

Do you give permission for staff to apply sun block if necessary?
Yes No

I give permission for my child to walk home from A.S.C.
Yes No

I hereby consent to my child receiving medical treatment if the project worker or a Doctor deem it necessary as a matter of urgency and I cannot be contacted following reasonable attempts to do so prior to any treatment being administered.
Yes No

I give consent for any photographs that may be taken during the session, that include my child, to be used in publicity material.
Yes No

Name (print).....Signed.....Date.....

Relationship to child.....