

Coldstream Youth Project

"Gateway to Lifeskills"



After School Club Registration Form

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

CHILD'S NAME:.....

DATE OF BIRTH:.....

ADDRESS:

.....

.....

Telephone No:.....

Emergency Phone Number:.....

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

.....

.....

Name of Parent/Guardian:.....

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

Which day(s) would you like your child to attend A.S.C? Please tick (✓) the day(s) which are relevant:

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

Will the days vary from week to week?.....

(If so, please telephone 01 890 883718 and book your child into the sessions required on a weekly basis)

What time would you like your child to attend the sessions?

- Whole session
- Other (please specify).....

Will your child be collected from the group?.....

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

.....

.....

Does your child have any allergies? E.g Elastoplasts, penicillin, foods etc:

.....

.....

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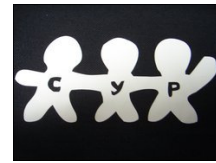
Claire Knox
Project Manager
(Maternity Cover)

Coldstream Youth Project
Coldstream Community Centre
High Street
Coldstream
TD12 4AP

Phone: 01 890 883718
Office: 01 890 883332
Fax: 01 890 883332
E-mail: coldstreamyouthproject@btconnect.com

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Medication

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

.....

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

If yes, details:

.....

Does your child have any special needs or a medical condition? Please give

Details:

.....

Interests

What are your child's hobbies, interests, likes and dislikes?

.....

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

.....

Is there any other information that you feel will be helpful to us about your child?

.....

Consent (please tick [✓] yes or no)

Do you give your permission for staff to take your child on outings to the Hirsell, park etc?

YES NO

Do you give staff permission to apply sun lotion if necessary?

YES NO

I give my child permission to walk home from A.S.C

YES NO

I hereby consent to my child receiving medical treatment if the appointed first aider 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 my consent for any photographs or videos that may be taken during the session, that include or are of my child, to be used in publicity material. (Our website, local newspapers, national newspapers, etc)

YES NO

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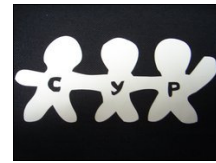
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Contact By E-mail

Coldstream Youth Project has started an initiative to go green.

Do you have an e-mail address?.....

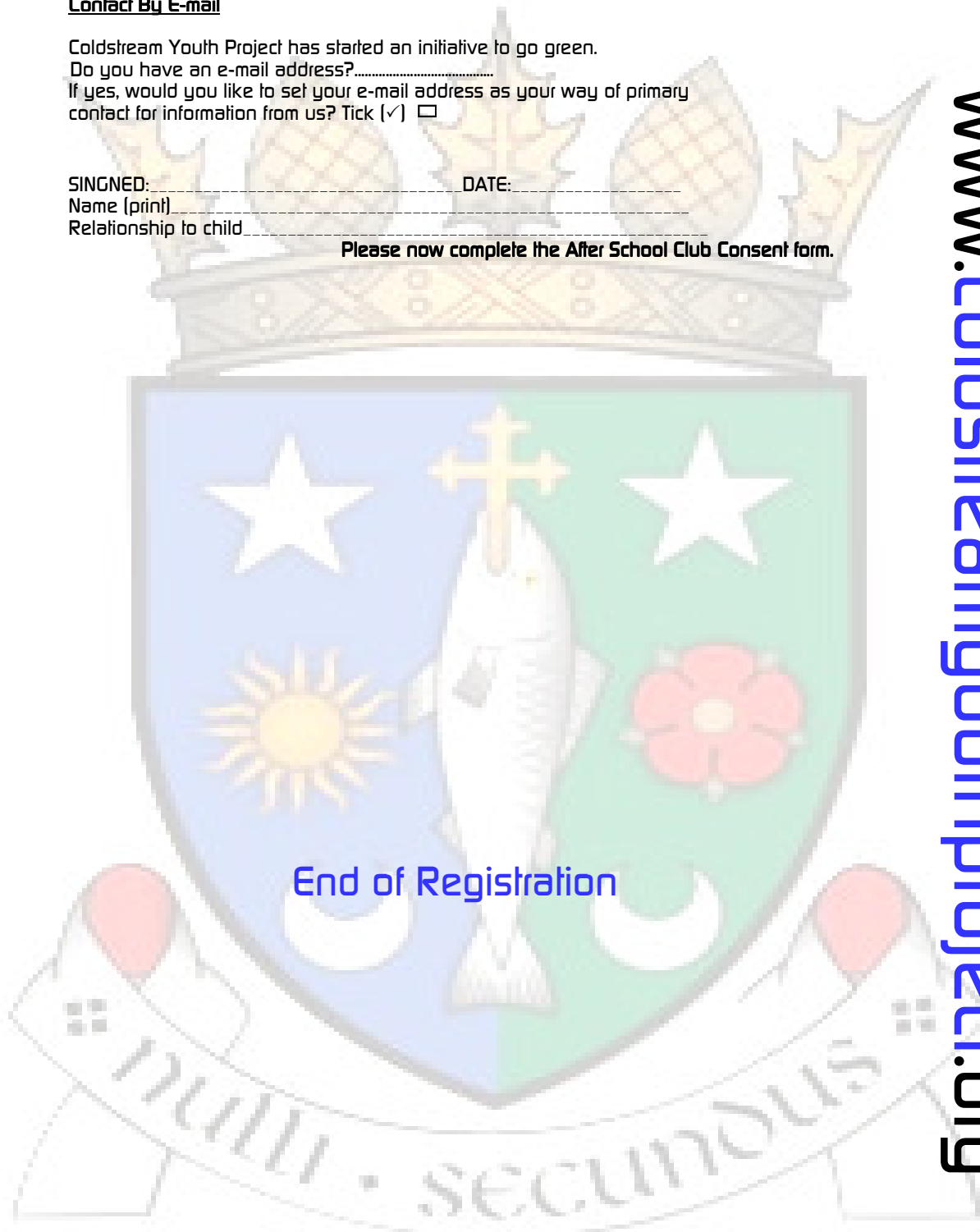
If yes, would you like to set your e-mail address as your way of primary contact for information from us? Tick (✓)

SIGNED: _____ DATE: _____

Name (print) _____

Relationship to child _____

Please now complete the After School Club Consent form.



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End of Registration

Claire Knox <i>Project Manager</i> <i>(Maternity Cover)</i>	Coldstream Youth Project Coldstream Community Centre High Street Coldstream TD12 4AP	Phone: 01890 883718 Office: 01890 883332 Fax: 01890 883332 E-mail: coldstreamyouthproject@btconnect.com
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