



King's School, Chadlington House  
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Rev. 03/11

## REGISTRATION FORM (To be returned with £30 registration fee)

Please enclose a recent photograph you would like to share

Child's Name:	
Date of Birth:	Tel No.
Address:	
Email:	
School:	Year/Class Name:
Funkidz! Start Date:	Registration Fee: £30 (once only payment)
<b>Parents'/Guardians'</b>	
Names	
Address	
Telephone Numbers	
<b>Alternative Emergency Contact &amp; Tel Nos:</b>	
Relationship to Child:	
<b>Name Person(s) who may collect your children</b>	
Name:	Relationship:
Name:	Relationship:
<b>**Please ensure you inform us immediately should there be any changes to these contact details or medical information.</b>	

**HEALTH**

Rev. 09/09

Doctor's Name:	Tel No:
Doctor's Address:	
Vaccinations to Date:	
Illness to Date:	
Is your child taking any medication? YES/NO (Please circle)	
If yes, what medication?	
Please give details of any allergies or other medical conditions:	
<b><i>Any other information about your child/ren that would help us know them better: e.g. favourite book/characters, ability to socialise, dis/likes, food, playing with others, dancing:</i></b>	

Funkidz! Club maintains an open dialogue with King's School, other local schools and multi-agencies in compliance with the Childcare Act 2006. This requires that all agencies involved in the care and/or education of children under the age of 8 to work in partnership to aid each child in achieving maximum potentials and outcomes.

I wish my child/ren, above named, to enrol at Funkidz! Out of School Club. I agree to comply with Club policies as well as other conditions that may be applied in the future by the Club. I authorise any Funkidz! staff or their nominee to call an ambulance and or sign for any medical treatment for my child/ren including the use of anaesthetics if the circumstances arise, and where the medical authorities consider such treatment necessary.

I agree to pay the **Holiday-School Club** fees charged in advance promptly by due date. Sessions booked will be paid even if my child does not attend the club. Late payment will incur charges and non-payment will result in termination of the contract except where revised payment arrangements have been made. I understand that I may withdraw my child at any time by giving one week's paid notice to the Club Leader. I am required to book at least five sessions in a year to keep this registration valid otherwise, it will elapse and new registration forms and costs will apply.

Funkidz! Club provides a programme of planned activities and I will inform the club should I choose for my child not to participate in any particular planned activity.

Children must be dressed appropriately for the weather as we are an all weather provision. In summer sun-cream and a cap are highly recommended. Some support may be given to apply this where a child is unable to do so.

For safety purposes, I/we will inform the club if my/our child/ren cannot attend sessions booked.

I understand that the Club has a responsibility to observe my child, assess and record his/her developmental progress. I will be involved in this process and I will have access to the records at any time. I give my consent to these observations being carried out. I also understand that photographs may be taken as part of the observation process and to provide evidence of good practice to relevant authorities. From time to time, photographs will be used as part of publicity for the Club. In some cases, these photographs may be displayed on Funkidz! Website, excluding children's personal details. If I wish to withhold consent for photographs to be taken or pictures displayed on Funkidz! Website, I will make this known in writing to the Club Manager.

I understand the Club's statutory duties in relation to Child Protection and safeguarding, i.e. to observe children, to record and to report these observations to the relevant authorities if necessary. I understand that in especially serious circumstances, where the Club staff has reasonable cause to believe that the child may be in danger of abuse, the report may be made without any consent.

Signed (Parent/Guardian)	Date:
Name (please print)	
Signed (Parent/Guardian)	Date:
Name (please print)	
Signed:	
(Club Supervisor/Club Manager)	Date:

## Visits and Outings Form



**Name of Club:** Funkidz! Club – King’s School Rochester

**Telephone Number of Club:** 07758 348 616 / 07888 827577

**Name of Visit/Outing:** The Vines (Local Park)

**Date of Visit/Outing:** During the running of each holiday

**Child’s Name:**

**Date of Birth:**

**Any Relevant Medical Conditions/Info:**

**Allergies**

**Dietary Requirements:**

**Any Other Relevant Information:**

**Parents/Carers Name:**

**Address:**

**Emergency Contact Number:**

**I hereby consent to my child participating in the above.**

**Signature of Parent/Carer:**

**Date:**

**Please return this form to:**

**By**

If you have any questions or comments, please get in touch with the Manager.  
Your child will not be able to attend if you do not complete and return this form by the date indicated.



## ETHNIC MONITORING FORM

Rev. 03/10

At Funkidz! Out of School Club, we are all committed to the principles of equal opportunities. We believe that all children should have equal access to our Club, whatever, their ethnic or national origins, disability, and gender, social, cultural, linguistic or religious backgrounds.

Please help us to ensure that we are targeting and providing our services for all sections of the community by completing the following details. All the information you provide us is fully confidential.

Sex of child:		Child's religion:	
Ethnic origin of child (please tick/asterix one of the following)			
White British	White European	White Other	
Black African	Black Caribbean	Black British	
Asian Pakistan	Asian Bangladeshi	Asian Indian	
Asian Oriental (give details)	Mixed (give details)	Other (give details)	
Does your child speak English as a second language? Yes/No (Please delete as appropriate)			
Please give details of your child's main language:			
Does your child have a physical disability? Yes/No (Please delete as appropriate)			
Please give details:			
Does your child have a visual or hearing impairment? Yes/No (Please delete as appropriate)			
Please give details:			
Name of child:		Date of birth:	
Signed (Parent/Legal Guardian)			
Signed (Parent/Legal Guardian)			