

Hopton School House  
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Charity No.1053436  
PATA No. D019P  
OFSTED No. EY239574



FIND US ON FACEBOOK!

## OUT OF SCHOOL CLUB REGISTRATION FORM

Childs full name: .....

Date of birth: ..... Age:.....

Address of child:.....

Postcode:..... Telephone no: ..... Mobile: .....

Email Address .....

Name of parent(s) who have legal parental responsibility:

.....

Address (if different from above) .....

.....

Telephone (if different from above)..... Mobile.....

Name of any additional persons who have legal contact with the child; and their relationship with the child.

.....

Others in Family

Name: ..... Age: ..... Relationship: .....

Name: ..... Age: ..... Relationship: .....

Ethnic origin please tick: Black Afro Caribbean ..... Black Asian ..... White..... Other.....

Family religion: .....

Any medical procedures forbidden by family religion

.....

Name and address of Doctor: .....

.....

Doctors telephone number

.....

Details of any allergies (including plasters) feeding difficulties, dietary restrictions or other ways the child may need help from a member of staff, or any current medication.

.....  
.....

Emergency contacts: Please give two contacts (other than parents) who could collect your child quickly if necessary.

Name	Address	Telephone	Relationship
.....	.....	.....	.....
.....	.....	.....	.....

Names of any other persons whom you have authorised to collect your child on a regular basis:

.....  
.....

I give permission for staff to apply sun tan lotion: Yes ..... No .....  
(Please supply a named bottle of lotion)

I give permission for my child to take part in face painting activities: Yes ..... No .....

I give permission for my child to take part in makeup activities: Yes ..... No .....

I give permission for my child to be included in photographs during activities: Yes ..... No .....  
(Photos may be used for advertising/promotional material and on our web site and Facebook page)

I give permission for my child to be taken off site from Hopton School House for organised trips, looking for natural materials etc in surrounding area:  
Yes..... No.....

I give permission for emergency treatment of my child by a doctor/ambulance/hospital as necessary:

Yes..... No .....

I give permission for my child to walk home unaccompanied: Yes..... No.....

Date: .....

Signed by (person with legal parental responsibility)

.....

Print Name .....