

Holiday Club Registration Form



Child's Details

Child's Full Legal Name					
Child Known As		Date of Birth		Sex	Male / Female
Full Address					
Ethnic Origin		First Language		Religion	
Any Allergies or Dietary Requirements?					
Any Medical Conditions?					
Any Additional Needs / Disabilities?					
Are there any professionals involved?					
Password for Collection					

Parents's Details

Parents Name				
Relationship to Child		Parental Responsibility	Yes / No	
Address if different from child's				
Main Contact Number		Other Contact Number		
Email Address		Work Email Address		
Place of Work		Work Contact Number		

Parents Name				
Relationship to Child		Parental Responsibility	Yes / No	
Address if different from child's				
Main Contact Number		Other Contact Number		
Email Address		Work Email Address		
Place of Work		Work Contact Number		

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Emergency Contact's Details

Full Name			
Relationship to Child		Postcode	
Main Contact Number		Other Contact Number	

Full Name			
Relationship to Child		Postcode	
Main Contact Number		Other Contact Number	

Medical Information

Name of Doctors Surgery	
Surgery Address	
Surgery Contact Number	
Child up to date with immunisations?	

Name of Dentist Practice	
Practice Address	
Practice Contact Number	

Other Information

Who will usually collect?	
Is there any restrictions on who has access?	
Are there any custody arrangements?	
When would you like to start Kidzone Holiday Club?	



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Medical and Other Consent

I understand that Kidzone operates an open-door policy and that I am welcome to ask at any time for a meeting with the Manager or another member of staff, to discuss any concerns.	Yes / No
I understand that children are taken for walk, visits etc, in the local area, and I give my permission for my child to be included in such outings, in line with the Westbank Kidzone Policies and Procedures.	Yes / No
I give permission for the staff to administer medication in line with the Westbank Kidzone Policies and Procedures, and in the case of an emergency, seek medical advice or treatment when necessary.	Yes / No
I agree that I will keep Kidzone staff informed of any changes or additions to regular medications. I also understand that staff cannot undertake the care of sick children, and that strict exclusion periods apply (see Policies and Procedures)	Yes / No
I give permission for my child to appear on the Facebook page in group photos.	Yes / No
I give permission for my child to appear on the Facebook page if my child cannot be identified.	Yes / No
I agree that I will not share any pictures which contain children other than my child, on any format.	Yes / No
I give consent for Kidzone staff to apply sun cream to my child.	Yes / No

Name	Signed	Relationship to Child	Date

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WESTBANK IMAGE/FILM/SOUND PERMISSION FORM

At Westbank we are committed to protecting your privacy. We recognise your personal information belongs to you and want you to understand you have choices and control over what information we hold about you. We use images, film clips and soundbites of staff, volunteers, carers, cared for and participants. To comply with EU General Data Protection Regulations (GDPR) which came into effect on 25th May 2018 we require a signed and dated consent form for you/your child/cared for before we can use your image, film or sound bite. We use images, film clips and sound bites of staff, volunteers, carers, cared for and participants for the reasons stated on the return slip below. Please can you complete and return the consent slip below to:

Freepost RRYT-SASA-HZXZ, Marketing and Communications, Westbank, Farm House Rise, Exminster, EX6 8AT Details of your consent will be held on our systems and you may opt out at any time by contacting us via email: reception@westbank.org.uk t: 01392 824752 or writing to the above address.

For further information please view our privacy policy on our website: www.westbank.org.uk

I consent to my image, film, soundbite:		Yes	No
a)	Being used in Westbank publications, posters and promotional materials		
b)	Being used in Westbank displays (internally at our Westbank sites and externally at events)		
c)	Being used on the Westbank website		
d)	Being used on the Westbank social media accounts		
e)	Being shared with press and media contacts		
f)	Being shared with Exminster Community Primary School and Exminster Pre-School		
g)	I consent to my name being used with my image/film/sound bite		
h)	I consent to my image being shared with:		

Name: _____

Contact No: _____

Address: _____

Email: _____

Signed: _____

Printed: _____
Date: _____

If under 16, parental consent is required, or for a person without mental capacity their power of attorney is required to sign on their behalf Parent/guardian/power of attorney:

Signed: _____ Printed: _____

Date: _____

Office use only:

Image saved as: _____

Event/activity: _____ Date: _____

www.westbank.org.uk Westbank, Community Health and Care, Farm House Rise, Exminster, EX6 8AT

