

# Word Alive 2015 Week 1 E12 Child Registration Form (0-5 Years)



**IMPORTANT: No peanuts or products containing nuts should be taken into the Under Fives venue**

AM1

AM2

## INSTRUCTIONS

Please fill in both sides/pages of this form below in BLOCK CAPITALS and bring it along to the venue shown in the programme. Filling in the form beforehand will help speed up registration.

### 1. CHILD'S DETAILS

Child's Surname:	Child's First Name:		
Name Child is known by:	Gender:		
Date of Birth:	Age	Years:	Months:

### 2. HOLIDAY ACCOMMODATION/CONTACT DETAILS

Your accommodation (circle your option):	I am staying on-site	I am staying off-site
Mobile Phone:	Please make sure that your phone is on and set to silent during our programme	

### 3. HOME ADDRESS

Address:	Telephone:
Postcode:	Email address:

### 4. VISITOR STATUS

Are you here as a day visitor (circle your options)	Yes	No	
Are you here as a lone parent	Yes	No	
Are you here as part of a church group	Yes	No	

### 5. GP DETAILS

Doctor's Name:	Telephone Number:
Surgery Address:	

### 6. EMERGENCY OFF SITE CONTACT

Name:	Telephone Number:
Address:	

### 7. MEDICAL AND OTHER NEEDS

Does your child use a blanket/comfort/toy etc?			
Do you have any special words for toilet, drink etc?			
Does your child have asthma (circle your option):	Yes	No	

**Is there anything else we should know?** Allergies to nuts, anti-bacterial wipes/gel; special needs; health problems; educational, language, cultural or religious concerns? Do they receive additional support at school/preschool? What situations/activities are likely to upset or frighten them and what is the best way of comforting them? What activities do they enjoy? Please let us know any Makaton or other communication signs your child may need to access our programme.

**8. PARENTAL PERMISSION**

May your child have water?	Yes	No
May your child be taken out for walks?	Yes	No

**9. DECLARATION**

I declare that I am the person with parental responsibility for the child named in this form. I understand that the information used in this form will be used by Word Alive staff to help them in fulfilling their roles in looking after this child whilst in their care. I further declare that Word Alive staff are allowed to hand over the named child to the holder of the Child Collection Ticket, or to either of the persons named in this form as having parental responsibility (on production of proof of identity) if the Child Collection Ticket cannot be produced. If there is any doubt whatsoever, even on the production of the Ticket as to the authority of any person attending to collect the child, then Word Alive are authorised to retain the child in their care until they are satisfied as to the authority of the person so attending.

I am aware that photographs and video clips may be taken for use within the venue for staff training purposes and also for Word Alive promotional material.

Signed:	Date:
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In the unlikely event of an accident I give my permission for any necessary medical advice or treatment to be given by the nominated first aider. In an emergency and if I am not contactable, I am willing for my son/daughter to receive hospital treatment including an anaesthetic (I understand that Word Alive team will always try to contact me in the first instance).

Signed:	Date:
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**10. COLLECTION**

The Named People collecting my child with the collection ticket are:

Child's Name:	Child's Name:
Collector's Name:	Collector's Name:
Relationship to Child:	Relationship to Child:
Signature:	Signature: