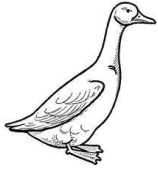


GOOSE



## GOOSE CLUB REGISTRATION FORM

[www.goosekidsclub.co.uk](http://www.goosekidsclub.co.uk) 07776043838

*(This information will remain confidential, except for the purpose of Ofsted inspection)*

### **CHILD'S DETAILS**

Child's full name:

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Preferred name:

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Date of birth:

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First language:

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Religion (if applicable)

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Any cultural requirements \_\_\_\_\_

Teacher's Name:

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Class:

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Days/sessions required: \_\_\_\_\_

NB: only required on regular sessions

### **PARENT(S) / GUARDIAN DETAILS**

**(Please inform us if either parent does not have parental responsibility)**

Parent /Guardian 1

Title and full name:

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Home Address:

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EY452672 Ofsted registration number

Work Address:

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Telephone numbers: Home: \_\_\_\_\_  
Work: \_\_\_\_\_  
Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Parent/Guardian 2

Title and full name:

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Home Address:

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Work Address:

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Telephone numbers: Home \_\_\_\_\_  
Work \_\_\_\_\_  
Mobile \_\_\_\_\_

Email: \_\_\_\_\_

Please provide details of at least one person who we can contact if we are not able to get hold of you. Please include anyone you may give authorization to collect your child in an emergency. If necessary we will issue a password if the person is not known to us and cannot be identified by the child.

Emergency contacts: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CHILDCARE PROVIDERS MUST FOLLOW THE SOUTH GLOUCESTERSHIRE CHILD PROTECTION PROCEDURES** (a copy is available for parents to see).  
ACCIDENTS/INJURIES WILL BE RECORDED AND YOU WILL BE ASKED TO SIGN THE ACCIDENT BOOK.

Doctor's name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone No: \_\_\_\_\_

**About your child:**

If questions are applicable, please provide full details.

1. Please give details of any additional/special needs your child has:

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2. Please give details of any medical needs your child has:  
(if medication is needed, an additional medication form will need to be completed)

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3. Please give details of any allergies your child has:

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4. Please give any dietary requirements for your child:

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5. What are your child's favourite activities:

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6. Is there anything your child doesn't like (eg. food, games, or is scared of)

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7. Is your child able to use the toilet facilities unaided? \_\_\_\_\_

8. Any further information relevant for us to best help your child in anyway?

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**Club terms**

- I consent for my child to attend the GOOSE club;
- I am happy for them to join the walking bus to and/or from school.
- I understand the clubs policies and procedures and agree to them.
- I am aware that the club has a duty to report suspected child abuse and neglect.
- I give permission for a trained member of staff to administer appropriate first aid if required.
- Should any urgent matters arise, I give permission for my child to be given emergency treatment and/or contact to be made with the appropriate medical//health/social services authorities. I expect to be contacted immediately on the given number.
- Late collection of my child may result in a charge and I am aware of persistent late or non payment may jeopardise my child's place. (N/A to Breakfast Club only)
- I confirm that all the information given is correct and agree to notify the club with any changes.
- I understand that any information given is confidential.
- I give my permission for the club to share information with other professionals as appropriate.
- I understand that places can be booked on the day, but due to numbers cannot be guaranteed.
- I have read and understood the above terms for my child attending the GOOSE club at Thornbury Baptist Church Centre.
  - I understand that due to covid or like pandemic if staff levels are too low for safety GOOSE may have to temporarily close.

Signature of parent/Carer: \_\_\_\_\_

Date: \_\_\_\_\_