Shilbottle Children & Young People's Project
Registered Charity No.: 1187523

Shilbottle Children & Young People's Project
Registration Form
Minis/G3/G4/G5

Child's Full Name	
Date of Birth	
Home Address Line 1	
Home Address Line 2	
Home Postcode	
School and Year Group	
Does your child have any allergies or medical conditions?	**Yes / No** *If "Yes" please give details:*
Does your child require any medication or carry an inhaler?	**Yes / No** *If "Yes" please give details:*
Does your child have any special food requirements including dislikes?	**Yes / No** *If "Yes" please give details:*
Name of Doctors Surgery	
Parent/Carer Full Name	
Relationship to Child	
Contact Mobile Number	
Contact Email Address	
Are you happy to be on the "SCYPP" email list?	**YES** **NO**
Emergency Contact Name	
Emergency Contact Number	

Please tick all that apply:

	I give permission for the above named child to attend the SCYPP Summer Fun Activity Days
	I give permission for SCYPP to take photographs of the above named child
	I give permission for SCYPP to use the photographs in publicity e.g. leaflets, Facebook, Website
	I give permission for SCYPP to take video footage of my child during the activities
	I understand I must notify SCYPP of any changes to the information given above
	I understand that SCYPP will only use this information in connection with my child's attendance at SCYPPSF
	I understand that SCYPP will store my data in accordance with Data Protection Legislation

Signature of Parent/Carer		**Date**	

For Office Use Only:							
Date Form Received		***Medical/Allergy Info Checked***		***Photographs/ Videos Allowed***		***Staff Initials***	