Starlings Care ClubRegistration Form

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| Child(ren’s) name:  ……………………………………………………………. DOB:……………….. |
| Address:………………………………………………………………………….. |
| Parent(s) name:…………………………………………………………………. |
| Doctor:……………………………………………….Tel:………………………. |
| Surgery Address:……………………………………………………………….. |
| Contact numbers:……………………………………………………………….. |
| Home:……………………………………Work:………………………………… |
| Mobile:…………………………………..Other:………………………………... |
| Name and phone numbers of other emergency contact(s): |
| …………………………………………………………………………………….. |
| Any Allergies / Medical / Circumstances staff should be aware of? |
| …………………………………………………………………………………….. |
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| I consent to the following while my child(ren) attend Starlings Care Club  (please tick) |

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|  | Using my child(ren’s) photograph in displays |
|  | Starlings staff administering medicines (complete separate medicine form) |
|  | Applying sunscreen |
|  | Using face paints |
|  | Offsite activities (within 1 mile of the school grounds) |
|  | Take part on cooking / tasting activities |