

KidSpace Membership Form

Name of child:.....Date of Birth:

School Attended.....

Address:.....

GP:.....

Illnesses:.....

Medication:..... Immunisations up to date? YES NO

Allergies (inc. face paints)/Other info:.....

.....

In an emergency and/or if I am not contactable, I am willing for my child to receive doctor/hospitable treatment or dental treatment including an anaesthetic: YES NO (circle)

Name of Parent/Carer:.....

Contact details:.....

Please give alternative contact information if we are unable to get hold of person named above:

Name..... Contact.....

We occasionally take photographs or film footage to promote our work on our website, in our church magazine or in the local community.

If you **DO NOT** want your child to be filmed or photographed tick here

How will your child get home (i.e collected/walk home alone/with others)?.....

Names of brothers/sisters at the club (in same household):.....

Anything else you would like to tell us:.....

.....

I have read and understood the terms of the KidSpace/Home agreement. The information I have given on this form is correct.

Signed:..... Date:.....