Holiday Families Registration

**Family Details**

|  |
| --- |
| Name of Mother  |
|  |
| Youngest Child’s Name Boy/Girl |
| Date of Birth |
| Siblings: |
| Name: School: DOB:  |
| Name: School: DOB: |
| Name: School: DOB: |

|  |
| --- |
| Has your child got any additional needs? If yes please state |
|  |
|  |
|  |
| Do you have any additional needs? If yes please state  |
|  |
|  |
|  |
| Religion |

|  |
| --- |
| Telephone Number  |
|  |
| Address  |
|  |
|  |
| Postcode  |
|  |
| Email |

|  |
| --- |
| Name of Father  |
|  |
| Religion |
|  |
| Telephone Number  |
|  |
| Address ………………………………………………………………………………………………… |

|  |
| --- |
| **Emergency Contract Details** |
|  |
| 1. Name
 |
|  |
|  Tel |
|  |
| Relationship to this person  |
|  |
| 1. Name
 |
|  |
|  Tel |
|  |
| Relationship to this person  |

|  |
| --- |
| **Doctor’s Name**  |
| Address |
| Tel |
| Name of Doctor’s surgery |
|  |
|  |
|  |
| Allergies (child)/Medication |
|  |
|  |
| Allergies (adult)/Medication |
|  |
|  |

Signed …………………………………………… Date / /

Parent/ Guardian

Please note: this registration is for the purpose of Guiding Hands Organisation CIC and does not affect your statuary rights for data protection act 2006