



christ church spington

Rainbow Room Crèche Registration Form

Please use block capitals

Child's Full Name:

Date of Birth: Home Telephone:

Address:

..... Post Code:

Parent/Guardian's Name(s):

Mobile Telephone: e-mail:

Medical Information (allergies, etc):

.....

Any other details the team needs to know (eg, hearing difficulties, etc):

.....

Consent

I give permission for photographs of the above named child to be included in a leaflet about the Rainbow Room Crèche for prospective families and on the church website.....Yes/No*

I agree that the above named child may take part in the activities within the Rainbow Room Crèche. I understand that while involved, he/she will be under the supervision and care of the group leader, and/or other adults approved by the PCC, and that, while staff in charge of the group will take all reasonable care of the children, they cannot necessarily be held responsible for any loss, damage or injury suffered by my child during, or as a result of, the activity.

In the event of illness or accident requiring emergency hospital treatment, I authorise the Rainbow Room staff to give consent to treatment if I cannot be contacted.

Signature: Date:

This form will be retained for the period September 2009 to September 2010 only. Please notify in writing any changes to these details. Thank you!