**St** **Joseph Federation BASC (FSM)**

**Easter 2022 Registration Form**

Child’s Details Date of Registration:

|  |  |  |
| --- | --- | --- |
| First name: | Surname: | What s/he likes to be called: |
| Date of birth and current age: | School attended:First language: | Key worker’s name: |

**Parent/Guardian details**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Title: | First name: | Surname | Title: | First name: | Surname |
| Home address: | Home address (if different): |
| Does this child normally live at this address? Yes / No | Does this child normally live at this address? Yes / No |
| Work address: | Work address: |
| Home number: | Mobile number: | Work number: | Home number: | Mobile number: | Work number: |
| Email address: | Email address: |
| Does this person have parental responsibility? Yes / No | Does this person have parental responsibility? Yes / No |
| Does anyone else have parental responsibility for this child? Yes / No (If yes, please provide details on separate sheet.) |

# Emergency Contact Details (please provide details of two people we can contact if we are unable to get hold of you)

|  |  |  |
| --- | --- | --- |
| Name: | Telephone number: | Mobile number: |
| Address: | Relationship to the child: |
| Name: | Telephone number: | Mobile number: |
| Address: | Relationship to the child: |

# Child’s Doctor

|  |
| --- |
| Name of Doctor: |
| Address: | Telephone: |

**About your child**

|  |
| --- |
| Please detail any medical conditions, additional/special needs your child has: *(please provide full details)***Is your child currently on any medication? Y/N Medication Name:****Dosage:**  |
| Please detail any dietary requirements/ food allergies for your child: (please provide full details) |
| The camp will run as follows:4 April: 09:00 a.m. to 3:00 p.m.5 April: 09:00 a.m. to 3:00 p.m.6 April: 09:00 a.m. to 3:00 p.m.7 April: 09:00 a.m. to 3:00 p.m. |
| Signature of Parent/Carer: Date: |