**St** **Joseph Federation BASC (Fee-Paying)**

**Summer 2023 Registration Form**

Child’s Details Date of Registration:

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| --- | --- | --- |
| 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.) | | | | | | | | | |
| Permission to take/use Photographs of your child? Yes / No Please highlight your response | | | | | | | | | |
| Permission to go on trips? Yes / No Please highlight your response | | | | | | | | | |

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

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| --- | --- | --- |
| 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**

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| --- |
| Please detail any medical conditions, additional/special needs your child has: *(please provide full details)*  **Are 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: Please circle the days you will attend  Monday 24th July to Thursday 17th August; 9am to 3pm; M T W Th  Payment Details: **£27 per day (extended day to 5pm £30)**  **Account - St Joseph’s Federation BASC**  **Account Num. – 37248960 Sort Code – 773001 Ref: Your child’s name** |
| Signature of Parent/Carer: Date: |