



Shilbottle Children & Young People's Project
Registered Charity
No.: 1187523

Shilbottle Children & Young People's Project Registration Form

Minis / G3 / G4 / G5

Child's Full Name	
Date of Birth	
Home Address Line 1	
Home Address Line 2	
Home Postcode	
School	
Does your child have any allergies or medical conditions?	Yes / No If "Yes" please give details:
Does your child require any medication or carry an inhaler?	Yes / No If "Yes" please give details:
Does your child have any special food requirements including dislikes?	Yes / No If "Yes" please give details:
Name of Doctors Surgery	
Parent/Carer Full Name	
Relationship to Child	
Contact Mobile Number	
Contact Email Address	
Are you happy to be on the "SCYPP" email list?	YES NO
Emergency Contact Name	
Emergency Contact Number	

Please tick all that apply:

<input type="checkbox"/>	<i>I give permission for the above named child to attend the SCYPP Summer Fun Activity Days</i>
<input type="checkbox"/>	<i>I give permission for SCYPP to take photographs of the above named child</i>
<input type="checkbox"/>	<i>I give permission for SCYPP to use the photographs in publicity e.g. leaflets, Facebook, Website</i>
<input type="checkbox"/>	<i>I give permission for SCYPP to take video footage of my child during the activities</i>
<input type="checkbox"/>	<i>I understand I must notify SCYPP of any changes to the information given above</i>
<input type="checkbox"/>	<i>I understand that SCYPP will only use this information in connection with my child's attendance at SCYPPSF</i>
<input type="checkbox"/>	<i>I understand that SCYPP will store my data in accordance with Data Protection Legislation</i>

Signature of Parent/Carer		Date	
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For Office Use Only:

Date Form Received		Medical/Allergy Info Checked		Photographs/Videos Allowed		Staff Initials	
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