

Busy Bees	RIPPONDEN OUT OF SCHOOL CLUB
	REGISTRATION FORM 2026 - 2027

ALL CHILDREN WHO ATTEND THE CLUB MUST BE REGISTERED.
Children remain at the club until collected by an adult.

Child's Name (full)	
Name to be called	
Address	
	Post code
Date of birth	
Parent email address	

Names of parents/guardians	
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Relationship to child _____

Telephone number (daytime) _____ (mobile) _____

Name of person collecting child from Busy Bees if different from parent/guardians
(children will only be allowed to leave with a named person)

Name _____ relationship to the child _____

Contact number _____

Details of child's doctor	
Doctor	
Surgery address	
Telephone No.	
Does your child have any known medical problems?	

Does your child have any known allergies or major dislikes, e.g. certain foods or materials?

The club uses hypoallergenic plasters and antiseptic cream. If your child is allergic to these products or you object to their use on your child, please state.

I consent to any emergency medical treatment necessary during attendance at the club. I authorise the play/care staff to sign any written form of consent required by the hospital authorities if a delay in getting my signature is considered by the doctor to endanger my child's health and safety.

Yes, I agree No, I do not agree

I consent to my child's photograph appearing on the Ripponden Busy Bees Facebook Page (no names will be used)

Yes, I agree No, I do not agree

I consent to my child taking part in activities that take place away from the club premises and school grounds (park, library, museums, pictures etc)

Yes, I agree No, I do not agree

I give consent for a member of staff at Busy bees to administer medicine that has been prescribed for my child.

Signed.....

Date

