

ENROLMENT FORM – HAF SUMMER 2021

KARMAND COMMUNITY CENTRE

Child's Full Name		<u>Ethnicity</u>	
Parent/Guardian's Name		<u>Date of Birth & Age</u>	___/___/___ -
<u>Address</u>		<u>School Name</u>	
<u>Phone No. (Home)</u>		<u>School Year</u>	
<u>Phone No. (Mobile)</u>		<u>Email</u>	

<u>Surgery Address</u>			
<u>Doctors Name</u>			
IS THERE ANY MEDICAL OR OTHER INFORMATION WE NEED TO KNOW? E.g. Allergies, Medications, Diabetes, etc. PLEASE GIVE DETAILS			

NB: WE ARE UNABLE TO ADMINISTER ANY MEDICATION OR MEDICINES

Any particular dietary requirements. E.g. Vegetarian, Halal, Kosher, etc.	
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Entitled to free school meals	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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EMERGENCY CONTACT

<u>Name</u>			
<u>Phone No:</u>			
<u>Next of Kin</u>			
<u>Phone No:</u>			

Valuables: Staff/volunteers **DO NOT** take any responsibility for personal items/money that may be lost/misplaced by a child.

Photographs

I give permission for my child to be photographed for magazines, newsletters, publicity materials and/or website whilst he/she is participating in activities provided by the Project. Please Tick, I Agree

I agree to the above-named person receiving emergency medical treatment as considered necessary by the medical authorities present. I understand the need for my child to obey all reasonable instructions from staff/volunteers, and that whilst every care will be taken by the staff/volunteers, they cannot be held responsible for any accident or incident arising out of the unreasonable behaviour of the above named or any third party.

Signed (Parent/Guardian)		Date	___/___/___
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