



MENACA



Arabic Cultural Club

IMPORTANT NOTES FOR PARENTS & GUARDIANS

- We can only accept children aged 5 to 14 years old.
- Places will be allocated on a first come first served basis
- All children must be collected from site by a parent/guardian
- Playleaders accept no responsibility for children outside of the Arabic Cultural Club timetable Every Saturday 10:30 am - 3:00 pm (except holidays)
- MENACA accepts no responsibility for the loss or damage of equipment, clothing or any other personal property
- A packed lunch and drink are necessary. (No glass bottle please)
- Unacceptable behaviour will not be tolerated and children will be removed from the Club at the discretion of Senior supervisor
- From time to time we may wish to take photo to show the kind of activities we undertake. If you do not want your children included please tick this box.

- We are asked by our funders to pass on some information we collect about the children who participate in our school. Such information can only be given if we have your express consent. Please tick this box if you do not want this information to be passed. The information is used by the Local Education Authority to tell BCF whether the child's results and attendance are improving or not.

I have carefully read and adhere to all the notes above

Parent/Guardian's Signature:.....

Printed Name..... Date.....

Return to:

MENACA
PO Box 7662, Birmingham B28 9HQ

For any question please phone 0121 777 4157 or 07710385076





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You can register up to two children on this form

Parents/ Family Name		First Name	
Address:			
		Post Code:	
Email:		Home Tel:	
Emergency Tel no:			
Doctors Name:			
Surgery Address			

Post Code:

Tel:

Child 1: Family Name	
First Name:	
Date of Birth	
School attended	
Ethnic Origin	
NHS number if known	

Child 2: Family Name	
First Name:	
Date of Birth	
School attended	
Ethnic Origin	
NHS number if known	





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MEDICAL CONDITIONS

Child 1

Name: _____

Please state & give details of any allergies or medical conditions suffered by your children, i.e. asthma, behavioural problems etc.

Is your child taking a course of tablets or other forms of medication?

Child 2

Name: _____

Please state & give details of any allergies or medical conditions suffered by your children, i.e. asthma, behavioural problems etc.

Is your child taking a course of tablets or other forms of medication?

PLEASE NOTE THAT NO TEACHERS/PLAYLEADERS ARE ALLOWED TO ADMINISTER MEDICATION, WITH THE EXCEPTION OF INDIVIDUAL ARRANGEMENTS WITH THE PARENTS OF SPECIAL NEEDS CHILDREN.

- I give permission for my child(ren) to be hospitalised and a general anaesthetic to be administered, or any other medical aid if an emergency should arise.
- I give permission for my child(ren) to be transported by a private vehicle, should the need arise.
- I have carefully read the important notes on this registration form.

Parent/Guardian's name: _____

Signature: _____

Date: _____

