



REGISTRATION FORM

Please complete a separate Registration Form for each child.

Full Name of child	Date of Birth	Current Class

Parent / Guardian name

Parent / Guardian Signature

Address

Contact details:

Home: _____

Work: _____

Mobile: _____

Email: _____

Security:

Please give details of the main person (s) who will be collecting your child from After School Club

Name: _____ Name: _____

Relationship to child: _____ Relationship to child: _____

Please supply a password. This will only be asked for if none of the above can collect the child and a 3rd party is sent on their behalf.

PASSWORD: _____

EMERGENCY CONTACT DETAILS:

Please provide details of two individuals who can be contacted in the event of an emergency.

Name of Contact 1: _____

Relationship to child: _____

Emergency contact telephone number: _____

Name of Contact 2: _____

Relationship to child: _____

Emergency contact telephone number: _____

Child's Dietary Needs / Any Known Food Allergies:

Medical Needs:

Any Additional Needs:

I consent to emergency first aid being administered and agree that the emergency services may be called if appropriate: Yes ☐ No ☐

I consent for my child being photographed for marketing and promotional purposes only:
Yes ☐ No ☐

Please return this form to the school office