

After School Club Registration Form



Name:		D.O.B.	Class:
Address:		Telephone Contact:	
Emergency Contact Details:			
1. Name.....		Relationship to child.....	
Contact home.....		Work.....	Mobile.....
2. Name.....		Relationship to child.....	
Contact home.....		Work.....	Mobile.....
Allergies:			
Medication/ Health Requirements:			
Any further information:			
GP Name and address:		Contact telephone number:	
I give permission for After School Club staff to contact emergency services or request medical advice in the event of an emergency.		Signed:	
I give permission for my child's photograph to be taken and be used in school.		Signed:	
I give permission for my child's photograph to be taken and used on the school website.		Signed:	