

DRAYTON AFTER SCHOOL CLUB

REGISTRATION FORM

Child's Surname..... Forename(s)..... M/F

Date of Birth

Home Address.....

Mother's/Carer's Name & Telephone No

Father's/Carer's Name & Telephone No

Do both parent's live at home address Y/N? If no please give other address

Should we need to contact you at work we need to have all contact numbers, hours of work & name of employer.

Mother's work details

Father's work details.....

Emergency contact names and numbers (please provide at least 2 people other than yourselves who in an emergency situation can collect and be contacted about your child).

1

2.....

Child's GP Surgery telephone no.....

Does your child have any medical conditions which we should be aware of?

Does your child have any religious or cultural requirements of which we should be aware? If yes are there any festivals/celebrations which you would rather your child did not participate in?

Does your child have any specific dietary needs or food intolerance of which we should be aware?

I give permission for my child to have emergency medical treatment (e.g. take to hospital)

Signed..... Date.....

Please indicate below the sessions that you would like.

Monday () Tuesday () Wednesday () Thursday () Friday ()

Names of person(s) collecting you child (please let us know immediately if these details change).

I give permission for my child to have their photograph taken while in your care

Signed..... Date.....

I have received a copy of the Contract with Parents which I have read and understood.

I agree to abide by these conditions

Signed..... Date