



## Registration Form

Childs full name \_\_\_\_\_

Home address \_\_\_\_\_

Tel no \_\_\_\_\_

Date of birth \_\_\_\_\_

Name of parent/carer who has parental responsibility

Person/s collecting child from out of school club

We now that sometimes other people may need to collect your child please could you give us a **password** we could use to confirm this: \_\_\_\_\_

### Emergency contact details:

1. Name: \_\_\_\_\_

Tel no: \_\_\_\_\_ Mobile no: \_\_\_\_\_

2. Name: \_\_\_\_\_

Tel no: \_\_\_\_\_ Mobile no: \_\_\_\_\_

### Medical information:

Doctor: \_\_\_\_\_

Contact no: \_\_\_\_\_

Does your child have any medical requirements that we should be aware of? **Yes / No**

If yes please provide information:

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Does your child have any dietary requirements or food allergies?

**Yes / No**

If yes please provide information:

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I consent to basic first aid treatment being administered by a qualified member of staff. **Yes / No**

In case of emergency medical treatment being required I consent to the authorised staff member to sign any forms required by the medical staff if there is a delay in obtaining my signature could endanger my child's health: **Yes / No**

Signed \_\_\_\_\_ Date: \_\_\_\_\_