



EXTENDED SCHOOLS CLUBS - REGISTRATION FORM.

Child's name Date of Birth

Class

CONTACT ONE

Parents name (Please print)

AddressPostcode

TEL: (Mobile) (Home).....

Work: EMAIL:

OTHER TELEPHONE CONTACTS:

CONTACT TWO

Name Relationship to child

Mobile No: Other Tel:

CONTACT THREE

Name Relationship to child

Mobile No: Other Tel:

Please complete further information and sign overleaf:



Medical Needs:

My Child has an Epipen / Inhaler / Allergies / Other medical needs

.....
.....

..... (Please specify)
(All appropriate medication will be stored in child’s class emergency medication “Grab Bag”)

Dietary Needs:

Vegetarian Sensitivities Allergies Other - If ticked please give further information below

.....
.....
.....

Name of adults/ people authorised to collect my child are (Please print clearly)

- 1. Relationship to child
- 2. Relationship to child
- 3. Relationship to child

Signed (Parent)

Please print name Date

Please add any further information here that you feel may be useful for us to know about your child:

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