

LITTLE OAKS

AFTER SCHOOL CLUB CHILD REGISTRATION FORM

Registration Details

Child's Name:

Address:

Post Code:

Date of Birth:

Name of Parent/Carer:

Signature:

Tel. Nos (include home/mobile and work/email address):

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Date:

Additional Emergency Contacts (in the first instance the parent/carer registering the child will be contacted)

Name:

Relationship to child:

Telephone Numbers:

Name:

Relationship to child:

Telephone Numbers:

Additional Information

MEDICAL and other information. Does your child have any sensitivities/allergies that we should be aware of? (i.e. food, face paints, etc.) Do they require any Medication?

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Is there anything you would like the club staff to be aware of – behaviour/emotional/learning?

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Password Information

Family password to be used if anyone other than the Parent/Carer is delegated to pick up:

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Ideas/Suggestions for the club

CONSENTS (please circle appropriately)

I give consent for my child to receive emergency treatment from a paramedic, doctor or staff member with a current first aid certificate **YES/NO**

I consent to my child attending the Little Oaks After School Club and agree with the procedures stated in the Parents Information Leaflet, Booking Form and Registration Form:

SIGNED

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PRINTED

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DATE

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