

**EMERGENCY CONTACTS:**

Name of person(s) authorised to collect child from Club in an emergency:

Address \_\_\_\_\_

Telephone numbers: \_\_\_\_\_

Home \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_

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Address \_\_\_\_\_

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**CHILD'S DOCTOR'S NAME AND ADDRESS**

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone number \_\_\_\_\_

Does your child have any known medical condition/allergies/dietary needs? YES  
NO

Please give details \_\_\_\_\_

Any other relevant information you feel staff should be aware of.

\_\_\_\_\_

**FEES**

The current charging policy will be made available on request

**ST. CHAD'S AFTER SCHOOL CLUB REGISTRATION FORM**

All children who attend this Club must be registered with us. Children will be collected from school during term-time and escorted safely to the club. Children will remain at the Club until collected by a named adult.

Name of Club \_\_\_\_\_

Address \_\_\_\_\_

Telephone number \_\_\_\_\_

Name of Child: First name \_\_\_\_\_

Name known by \_\_\_\_\_

Last name \_\_\_\_\_

Gender of Child \_\_\_\_\_

Date of Birth \_\_\_\_\_

School attending \_\_\_\_\_

First language \_\_\_\_\_

Name of parent/carer \_\_\_\_\_

Address \_\_\_\_\_

Telephone numbers: \_\_\_\_\_

Home \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_

Name of person authorised to collect child \_\_\_\_\_  
(if same as above please tick here)

Address \_\_\_\_\_

Telephone numbers: \_\_\_\_\_

Home \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_