

OUT OF SCHOOL CLUB REGISTRATION INFORMATION



Child's details

First Name:	Surname:	What he/she likes to be called:	Date of birth:
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Parent/Guardian details

Title:	First Name:	Surname:	Title:	First Name:	Surname:
Home address:			Home address (if different)		
Does this child normally live at this address? Yes/No			Does the child normally live at this address? Yes/No		
Work address:			Work address:		
Home Number:		Mobile Number:	Home Number:		Mobile Number:
Email address:			Email address:		
Does this person have parental responsibility? Yes/No			Does this person have parental responsibility? Yes/No		
Does anyone else have parental responsibility for this child? Yes/No If yes, please provide details on the reverse of this form					

Emergency contact details (Please provide details of two people we can contact if we are unable to get hold of you)

Name:	Telephone Number:	Mobile Number:
Address:		Relationship to the child:
Name:	Telephone Number:	Mobile Number:
Address:		Relationship to the child:
Password for emergency pickup		

Child's Doctor

Name of Doctor:	
Address:	Telephone:

About your child

Please detail any additional/special needs your child has: (Please provide full details)
Please provide any dietary requirements/food allergies for your child: (Please provide full details)
Please provide details of medical conditions and medication
Is there anything your child doesn't like (food, games etc) or is scared of?
What are your child's favourite activities?

I have read and understood Out of School Club's Terms and Conditions 2024/25 and Welcome Pack 2024/25.

I know that in using the club that I must abide by them.

Signature of Parent/Carer:.....

Date:.....