



Afterwoods Registration Form



Child's details:			
Child's full name:			
Known as:			
Gender:	Male/Female	Date of Birth:	
Home Address: (This must be the address where the child normally lives)			
Postcode:			
With whom does the child live?			
Who has Legal Parental Responsibility?			
Details of adults the child lives with:			
	1	2	
Surname:			
Forenames:			
Home telephone nr:			
Mobile telephone nr:			
Work telephone nr:			
Relationship to Child:			
Alternative Emergency Contacts: Please provide details of at least one person that we can contact in an emergency if you are unavailable			
	1	2	
Surname:			
Forenames:			
Address:			
Home telephone nr:			
Mobile telephone nr:			
Work telephone nr:			
Relationship to Child:			
Authorised Collectors (other than parent/guardian): Please provide details of other named persons who have permission to collect your child (must be over 16 years old)			

About your child

Medical Information:

Doctors Name:

Address:

Telephone number:

Please provide full details (if applicable):

Additional needs and/or disabilities

Medical needs *

Allergies *

Dietary requirements

***If medication is required, an additional medical form will need to be completed.**

Activities:

What are your child's favourite activities?

Is there anything your child doesn't enjoy/is scared of?

What festivals/special occasions are celebrated in your culture that you would like to see acknowledged and celebrated in our setting?

Declaration and Signature of Parent/Carer:

I consent for my child to attend the Afterwoods Club.

I understand the club have policies and procedures and that there are expectations and obligations relating to both the club, myself and my child and agree to abide by them.

I am aware that the Out of School / Holiday Club has a duty to report any suspected child abuse or neglect.

I give permission for a trained member of staff to administer appropriate first aid if required.

I give permission for the Club to seek the necessary emergency medical advice or treatment in the event that my child is involved in a serious accident. I expect to be contacted immediately on the above numbers.

Late collections of my child will incur a £10 charge every 15 minutes to cover extra costs if they are not collected at their booked time.

I understand that fees must be paid in advance. I understand that persistent late or non-payment of fees may jeopardise my child's continued place.

I confirm that I have read the above information.

Signature(s) of parents/carers:

Name:		Date:	
Name:		Date	