



**AFTER SCHOOL CLUB REGISTRATION FORM**

Child's full name:		Date of birth:
Mother/carer's name:		Home Tel. no. 1: Mobile no. 2:
Home address:		
Father/Carer's name:		Home Tel. no. 1: Mobile no. 2:
Address if different from above:		
Medical Information:	Name of Child's GP:	Tel. no.:
	Does your child have any medical needs that we should be aware of? (eg Asthma, epilepsy, diabetes, known allergies)	
Special Dietary Requirements:		

The following people may collect my child from the After School Club:

Name	Relation to Child	Contact Number
1.		
2.		
3.		

Other Emergency Contact numbers:

Name	Relation to child:	Contact Number:
1.		
2.		

I give permission for the After School Staff to take photographs of my child enjoying their time at the club. These photos may be used on displays and in the school prospectus/website etc.

Signed: Parent / Carer

I give permission for my child to receive medical treatment in the event of an emergency:

Signed: Parent / Carer

I agree to my child attending the After School Club at Holy Trinity Catholic Voluntary Academy.

I agree to make prompt and regular payments and understand that this along with appropriate behaviour choices from my child will facilitate future attendance at the club.

Signed: Parent/Carer

Date: