

Whiteknights After School Club Registration Form

Please complete all sections

Child's Forename:		Child's Surname:	
Male / Female (please circle)	Date of Birth:	Age:	
Home Address (please include postcode):			
School Attended and Class - Infants or Juniors:			
Full Name of First Parent/Carer:			
First Parent/Carer Contact Details:	Home Tel:	Work Tel:	Mobile Tel:
First Parent/Carer Email Address:			
Preferred Email Address: Yes / No			
Second Parent/Carer Contact Details:	Home Tel:	Work Tel:	Mobile Tel:
Second Parent/Carer Email Address:			
Preferred Email Address: Yes / No			
Name of person who will usually collect child:			
Name and Address of alternative local emergency contact:			
Home Tel:		Mobile Tel:	
Please give details of any medical condition or support needs that your child has that staff should be aware of:			
Please give details of any allergies e.g. food, plasters, etc.			
Please give any other information about your child that may be useful to staff:			
Please circle yes or no for each statement:			
I have read and understood and agree to the Terms, Conditions and Policies.		Yes / No	
I give permission for my child to have his / her photograph taken during play activities.		Yes / No	
I agree to the above named child receiving emergency medical treatment.		Yes / No	
I would prefer to receive invoices via email using preferred email address.		Yes / No	
Signed by (Parent/Guardian): Date:			
Full name (please print):			