

Registration details

Contact details (for invoicing)

Name:

Address:

Postcode:

Telephone (1):

Telephone (2):

Telephone (3):

Email address:

Correspondence preference: No correspondence Post Email *(Tick ONE option.)*

Others with parental responsibility

Please give the name and address of everyone who has parental responsibility for your child. If you are unsure who has parental responsibility for your child/ren please refer to:- <https://www.gov.uk/parental-rights-responsibilities/what-is-parental-responsibility>. If you would like to speak to us in more details about this, please contact the club.

Name:

Address:

Email:

Correspondence preference: No correspondence Post Email *(Tick ONE option.)*

Name:

Address:

Email:

Correspondence preference: No correspondence Post Email *(Tick ONE option.)*

Emergency contact details

Please list people who can be contacted in the event of an emergency concerning your child. (Include yourself if appropriate.)

	Name	Relation to child	Telephone	Notes
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please sign and date to confirm that the information above and on following pages is correct:

Sign:

Date:

Child details

Forename(s):

Surname:

Preferred name/known as:

Date of birth:

Gender: [Girl] [Boy] (delete as applicable)

Class:

Permissions (delete as applicable)

- [yes] [no] **In the event of my child not being collected by 5.45.pm I give my permission for my emergency contact to collect my child. Staff will try and contact me. A note will be left on the door giving me information on who has collected my child if emergency contacts are not available. I understand that if staff are needed to stay to provide child care I will be charged.**
- [yes] [no] **I give consent for my child to receive medical treatment, if required. Every effort will be made to contact you beforehand.**
- [yes] [no] **I give permission for the staff of Ashley Down after School club to collect my child from school and escort them to the club and I understand that during holiday play schemes staff may take my child off site during certain activities.**
- [yes] [no] **I give my consent for photographs taken of my child whilst at the club to be used in publicity for the club.**
- [yes] [no] **I give permission for the school to share appropriate information about my child with the club**

Collection

Who will collect the child?

Collection password: -

Doctor

Doctor's name: -

Surgery: -

Doctor's address:

Telephone: -

Health

Medical conditions: Asthma Convulsions Diabetes Eczema
 Epilepsy Heart condition (Tick ALL that apply.)

Allergies and dietary needs:

Tetanus date: -

Had MMR/Rubella vaccination? *Has the child been vaccinated with the MMR vaccination or single Rubella vaccination?*
 Unknown Yes No (Tick ONE option.)

Health notes / Additional needs:

Other

Notes: