

LITTLE OAKS

AFTER SCHOOL CLUB CHILD REGISTRATION FORM

Registration Details

Child's Name:

Address:

Post Code:

Date of Birth:

Name of Parent/Carer:

Signature:

Tel. Nos (include home/mobile and work/email address):

.....

Date:

Additional Emergency Contacts (in the first instance the parent/carer registering the child will be contacted)

Name:

Relationship to child:

Telephone Numbers:

Name:

Relationship to child:

Telephone Numbers:

Additional Information

MEDICAL and other information. Does your child have any sensitivities/allergies that we should be aware of? (i.e. food, face paints, etc.) Do they require any Medication?

.....
.....
.....

Is there anything you would like the club staff to be aware of – behaviour/emotional/learning?

.....
.....
.....
.....

Password Information

Family password to be used if anyone other than the Parent/Carer is delegated to pick up:

.....
.....

Ideas/Suggestions for the club

CONSENTS (please circle appropriately)

I give consent for my child to receive emergency treatment from a paramedic, doctor or staff member with a current first aid certificate **YES/NO**

I give consent for my child to have photos taken for Little Oaks publicity **YES/NO**

I give consent for my child to have photos taken for the school website **YES/NO**

I give consent for my child to have photos taken the school social media Twitter account **YES/NO**

I consent to my child attending the Little Oaks After School Club and agree with the procedures stated in the Parents Information Leaflet, Booking Form and Registration Form:

SIGNED

.....

PRINTED

.....

DATE

.....