



After School Club Registration Form

Child's Name

Date of Birth Class

Address

..... Postcode

Medical Information

E.g. conditions, allergies etc.

In the event of an emergency, please give contact details below:

	Name	Relationship to child	Telephone No(s)
1st Contact			
2nd Contact			

My child will usually be collected from the club by one of the following:

Name	Relationship to child

I have read and understood the terms and conditions of using the club.

Signature Parent/Guardian..... Date.....