**Out of School Club**

**Registration Form**

THIS FORM IS TO BE USED FOR THE OUT OF SCHOOL CLUBS ONLY

Child’s Details

|  |  |  |
| --- | --- | --- |
| First name: | Surname: | Class: |
| Date of birth: |  |  |

Parent/Guardian details

|  |  |  |
| --- | --- | --- |
| Name: | | Relationship to child: |
| Contact Tel No 1: | Contact Tel No 2: | |

**Emergency Contact Details** *(please provide details of two people we can contact if we are unable to get hold of you)*

|  |  |
| --- | --- |
| Name: | Relationship to child: |
| Contact Number: | |
| Name: | Relationship to child: |
| Contact Number: | |

Medical Details

|  |  |
| --- | --- |
| Name of Doctor: | Telephone: |
| Any medical conditions: | |

About your child

|  |
| --- |
| Please detail any additional/special needs your child has: *(continue overleaf if necessary)* |
| Please detail any dietary requirements / food allergies: *(continue overleaf if necessary)* |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Mon | Tues | Wed | Thurs | Fri |

Days your child will be attending the club

|  |  |  |
| --- | --- | --- |
| ParentPay | Cash/Cheque | Tax Free Childcare |

Method of Payment

Signature of Parent/Carer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_