

Sicklinghall Breakfast and After School Club

Registration Form (please tick which Club wanted) Breakfast Club After School Club

Child's Details

First name:	Surname:	What s/he likes to be called:
Date of Birth and Current Age:	First language:	

Parent/Carer details

Title:	First name:	Surname	Title:	First name:	Surname
Home address:			Home address (if different):		
<input type="checkbox"/> Tick if child normally lives at this address			<input type="checkbox"/> Tick if child normally lives at this address		
Work address:			Work address:		
Home number:	Mobile number:	Work number:	Home number:	Mobile number:	Work number:
Email address:			Email address:		

Alternative emergency contact details & Approved Persons to collect from Club: (please provide details of two people you give permission for us to contact & who can collect if we are unable to get hold of you)

Name:	Telephone number:	Mobile number:
Address:		Relationship to the child:
Name:	Telephone number:	Mobile number:
Address:		Relationship to the child:

Details of child's doctor

Name of Doctor:	
Address:	Telephone:

About your child

Please detail any additional/special needs your child has: (please provide full details)
Does your child use/require any of the following medication? Anaphylaxis Auto-Injector <input type="checkbox"/> Blue Inhaler <input type="checkbox"/> Brown Inhaler <input type="checkbox"/> Other regular medication (please specify) <input type="checkbox"/>
Please detail any dietary requirements/ food allergies for your child: (please provide full details)
Regular Days Required (please state):
Starting from: (give date):

DECLARATION: I certify that, to the best of my knowledge, the details I have provided are correct. I have read the terms and conditions before completing this form.

Signature of Parent/Carer:.....Date.....