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**OUT OF SCHOOL CLUB REGISTRATION INFORMATION**

**Child’s details**

|  |  |  |  |
| --- | --- | --- | --- |
| First Name: | Surname: | What he/she likes to be called: | Date of birth: |

**Parent/Guardian details**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Title: | First Name: | | Surname: | Title: | First Name: | | Surname: |
|  |  | |  |  |  | |  |
| Home address: | | | | Home address (if different) | | | |
| Does this child normally live at this address? Yes/No | | | | Does the child normally live at this address? Yes/No | | | |
| Work address: | | | | Work address: | | | |
| Home Number: | | Mobile Number: | | Home Number: | | Mobile Number: | |
| Email address: | | | | Email address: | | | |
| Does this person have parental responsibility? Yes/No | | | | Does this person have parental responsibility? Yes/No | | | |
| Does anyone else have parental responsibility for this child? Yes/No If yes, please provide details on the reverse of this form | | | | | | | |

**Emergency contact details** (Please provide details of two people we can contact 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: |
| Password for emergency pickup |  | | |

**Child’s Doctor**

|  |  |
| --- | --- |
| Name of Doctor: | |
| Address: | Telephone: |

**About your child**

|  |
| --- |
| Please detail any additional/special needs your child has: (Please provide full details) |
| Please provide any dietary requirements/food allergies for your child: (Please provide full details) |
| Please provide details of medical conditions and medication |
| Is there anything your child doesn’t like (food, games etc) or is scared of? |
| What are your child’s favourite activities? |

**I have read and understood Out of School Club’s Terms and Conditions 2023/24 and Welcome Pack 2023/24.**

**I know that in using the club that I must abide by them.**

**Signature of Parent/Carer…………………………………………………………………………………………..**

**Date: …………………………………………………………………………………………..**