

**HIGHFIELD AFTER SCHOOL CLUB**

**Registration Form**

N.B. Your child cannot attend the Club until this form has been returned to the Club Supervisor.

<b>Child's full name:</b>		
<b>Name to be called:</b>		
<b>Date of birth:</b>	<b>School:</b>	<b>Year (R, 1, etc.):</b>

**Emergency Contact Numbers (between 3.15pm and 6pm i.e. while child is at Club):**

	<b>Name</b>	<b>Relationship to child</b>	<b>Place of work/ Address</b>	<b>Telephone Number(s)</b>
<b>1</b>				
<b>2</b>				
<b>3</b>				
<b>4</b>	Dr	Family Doctor		

*N.B. We will not allow children to attend the Club unless we have at least 2 contact numbers for them other than that of their doctor.*

<b>Known medical problems:</b>
<b>Medication which may need to be taken at Club:</b>
<b>Allergies:</b>
<b>Special dietary requirements:</b>

**Child's home address:**

**Who does the child live with at this address (parents, siblings, etc.)?:**

**Home telephone number:**

**Addresses of Parents/Guardians (if different from above):**

**Home telephone number:**

**Relationship to child**

**Is there anybody who is not allowed to have contact with the child? If so, please give name and relationship to child:**

**Who will be collecting the child from the Club?  
N.B. For your child's protection, we will not allow the child to leave the Club with anybody who is not listed below:**

<b>Name</b>	<b>Relationship to child</b>	<b>Telephone number(s) 3.15pm - 6pm</b>

So that the Play Leaders can plan activities with the needs of the individual children attending the Club in mind, they would be grateful if you would provide the following information. Please note that this information will be treated as confidential and will be held securely.

<b>Does your child have any special needs, educational or otherwise?</b>
<b>Does your child have any hobbies or specific interests?</b>

<b>Are you happy for your child to participate in sports (indoors and out)?</b>	<b>Yes/No</b>
<b>Are you happy for your child to be taken on accompanied trips for which consent will be sought?</b>	<b>Yes/No</b>

<b>Is there anything else that the After School Club Leaders should know about your child?</b>
--

- a) I consent to any emergency medical treatment necessary while my child is under the care of the Club. I authorise the Play Care Leaders to sign any written form of consent required by the hospital authorities if the delay in getting the signature of a parent/guardian is considered by the doctor to endanger my child's health and safety;
- b) I accept the Terms and Conditions of the Highfield After School Club Parental Contract.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**Please note: it is your responsibility to ensure that the details held by the Club are up to date**