

Tick if EYFS child

Just For Fun out of school club Registration Form

Child's Details

Date of Registration:

First name:	Surname:	What s/he likes to be called:
Date of Birth and Current Age:	School attended:	Key worker's name:
	First language:	

Parent/Guardian details (Please inform us if either parent does not have legal parental responsibility)

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 (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:

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)
Please detail any dietary requirements/ food allergies for your child: (please provide full details)
Is there anything your child doesn't like (food, games etc) or is scared of?
What are your child's favourite activities?

Signature of Parent/Carer

Date:
