



After school club
REGISTRATION FORM
2021/2022



Child's Full Name	
YEAR/CLASS	
Date of Birth	
Gender:	
Language spoken at home:	
Name of parents or carers	
Home address:	
Email address	
Telephone Number	
Mobile Number	
Parents/ Carers place of work	
Parent/carers Daytime telephone number	
Emergency Contact name and number 1	
Emergency Contact name and number 2	
Name of persons authorised to collect your child (including contact numbers)	
Name of persons authorised to collect under the age of 16 Years.	
Name of people NOT authorised to collect your child.	
Doctors Name	

Doctor's Address and Telephone number	
Details of any significant health issues	
Details of significant phobias.	
Details of any special dietary requirements and allergies	
Do you give consent for members of staff at the Club to apply sun cream to your child in hot conditions?	
Medical number	
Any other relevant information	

Under the auspices of Data Protection Act 1988 we are required to obtain parental permission for us to use your child's photograph or work for publicity purposes for school.

I do/do not give my permission for my child to be photographed

Signature:

I hereby consent for my child to take up a place at Woodfield. I have understood the expectations and obligations relating to both the Club, and myself and agree to abide by them.

I understand that persistent late or non-payment of fees will jeopardise my child's continued attendance at the Club.

I confirm that the information given above is correct, and I promise to contact Mrs Rogers as soon as any of the details change.

Signature of Parent/Carer: _____

Date: _____

If you have any questions or comments please get in touch with Mrs Rogers