

Churwell Out of School Group
Registration form

Child's details

Name _____
Birth name if different _____
Date of birth _____
Home address _____

Home telephone _____
School _____

Main contact details

Parent / carer's name _____
Home address / tel _____
(if different to above) _____
Work/day time address _____

Work/day time tel. _____
Mobile number _____

Alternative emergency contact

Name _____
Telephone number _____
Relationship to child _____

Other people authorised to collect child (in addition to contacts above)

Name / relationship _____ 1.
to child _____ 2.
_____ 3.

Child's doctor

Name _____
Address _____

Telephone number _____

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Child's name _____

Does your child suffer from any food allergies or have any special dietary needs?
If so, please give details:

Does your child suffer from any conditions requiring medical treatment? Does your child need to take regular medication? If so, please give details:

Is your child allergic to any medication? If so, please give details:

Has your child received a tetanus injection in the last five years?

Yes No please delete

Is there any other information about your child we need to know to ensure we can provide for their individual needs? If so, please give details

Signature _____
Name _____

Date _____

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Child's name _____

Behaviour

The Group's Behaviour Policy is designed to ensure we provide a safe, secure and happy environment for all children. Please read our policy and ask if you are unsure of any aspects.

I agree to my child taking part in activities organised by the Group. I understand that whilst every care will be taken by the Group, accidents / incidents or loss or damage to personal property arising out of any unreasonable behaviour by my child, the Group cannot be held responsible. I have read and understand the Behaviour Policy.

Signature:

Date: