

# Keyingham 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:	First language:	Name of key person:

## 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 this child normally live at this address? Yes / No		
Work address:			Work address:		
Home number:	Mobile number:	Work number:	Home number:	Mobile number:	Work 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 give details)					
Please give the name(s) of who will be dropping off and collecting your child:					
(only the people stated will be able to collect your child, if you need another adult to collect your child then you must inform staff and the adult must give the password on arrival)					
Please give a password that will be used when collecting your child:					

### *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:

## Child's Doctor

Name of Doctor:	
Address:	Telephone:

## About your child

Please detail any additional/special needs your child has: <i>(continue overleaf if necessary)</i>
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Please detail any dietary requirements / food allergies: *(continue overleaf if necessary)*

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**