



# Hollingwood After School Club Registration Form

## Child's Details

Full name of child .....

Name child likes to be called .....

Date of birth ..... Age.....

Home Address .....

.....

Postcode.....

Home telephone number .....

### Cultural ethnic group. Please tick which applies

Bangladeshi     Pakistani     Black African     Black other

Chinese     Indian     White     Other Asian

Other (please state) .....

## Parent(s) or Carer(s) Details

Mother / Guardian's full name .....	Father / Guardian's full name .....
Address (if different from above) ..... .....	Address (if different from above) ..... .....
Postcode.....	Postcode.....
Home phone number .....	Home phone number.....
Mobile number.....	Mobile number.....
Work number.....	Work number.....
Work address ..... .....	Work address ..... .....
Postcode.....	Postcode.....

## Contact Details in case of Emergency

Name..... Relationship to child.....

Address.....

Telephone number.....

## Collection Detail

*Please note: We will not allow your child to leave the club with someone who we don't know*

Which school does the child attend? .....	
What is the phone number of the school? .....	
Who will collect the child from the club? .....	
Who else has your permission to collect the child if the main carer is not available?	
Name .....	Phone number .....
.....	.....
Name .....	Phone number .....
.....	.....

## Medical Details

*Please note: The club cannot undertake the care of sick children*

Doctor's name .....	Phone number.....
Surgery address .....	
Any health, dietary requirements, food allergies or special needs of the child	
.....	
Vaccinations received .....	.....
.....	

## Additional Information

How frequently will you be paying?	Monthly	Weekly	Daily
Are you using the club because you are a working parent?	Yes .....	No .....	
Are you using the club solely for the activities?	Yes .....	No ....	
What other information should we know about? (E.g. child's interests, hobbies, likes, dislikes etc)			
.....			

## Consent

I consent to any emergency treatment necessary during the running of the club. I authorize the playcare staff to sign any written form of consent required by the hospital authorities, if the delay in getting my signature is considered by the doctor to endanger my child's health and safety. I also authorize staff from the Hollingwood After School Club to collect my child / children from school and transport them to the Hollingwood After School Club.

Signature.....Date.....