**Loxley After School Club**

For bookings and queries or to request a Parent Handbook please contact Becky on

t: 07816 278 203

e: loxleyafterschoolclub@hotmail.co.uk

 Registration Form

**Child’s Details**

|  |  |  |
| --- | --- | --- |
| First name: | Surname: | Likes to be called: |
| Date of birth: | School: | Key Person: |
| First language: | Start date: |  |

**Parent/Guardian details**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Title: | First Name: | Surname: | Title: | First name: | Surname: |
| Relationship to child: | Relationship to child: |
| Home address: | Home address: |
| Does this child normally live at this address? Y/N | Does this child normally live at this address? Y/N |
| Home number: | Mobile number: | Work number: | Home number: | Mobile number: | Work number: |
| Email: | Email: |
| Does this person have parental responsibility? Y/N | Does this person have parental responsibility? Y/N |
| Does anyone else have parental responsibility for this child? Y/N *(If Yes, please provide details on additional sheet).* |

**Emergency contact details**- *please provide details of 2 people we can contact if we are unable to get hold of you.*

|  |  |  |
| --- | --- | --- |
| Name: | Telephone number: | Relationship to child: |
| Address: |
| Is this person permitted to collect your child from the club? Y / N |
| Name: | Telephone number: | Relationship to child: |
| Address: |
| Is this person permitted to collect your child from the club? Y / N |

**Child’s doctor**

|  |
| --- |
| Name of Doctor: |
| Address: | Telephone number: |

**About your child**

|  |
| --- |
| Please detail any additional/special needs your child has *(continue on additional sheet if necessary):* |
| Please detail any dietary requirements / food allergies your child has *(continue on additional sheet if necessary*): |
| Is there anything your child doesn’t like / is scared of? |
| What are your child’s favourite activities? |

**Permissions**

|  |
| --- |
| Do you give permission for your child to visit the Robin Hood Wood area whilst attending? Y / N |
| Do you give consent to your child having face paint whilst attending? Y / N |
| Do you give consent to your child having transfer ‘tattoos’ whilst attending? Y / N |
| Do you give consent to photographs being taken of your child whilst attending? Y / N |

***Optional-* Additional people who you would like to authorise to collect your child- *(minimum age 16 yrs)-***

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name | Name they are called by child | Relationship to child | Contact number |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Additional information you would like to provide ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………**

**Signature of Parent/Carer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**