



Kidz Club Registration Form – 2017-18

A. CHILD'S DETAILS

Child's full name		Male / Female	
Preferred name		Date of Birth	
Year group		Class	

B. CONTACT DETAILS

Name of Parent / Carer		Work telephone	
Home Address		Mobile	
		Home telephone	

C. PEOPLE WITH PERMISSION TO COLLECT MY CHILD

Name		Name	
Address		Address	
Contact no.		Contact no.	
Relationship to child		Relationship to child	

D. MEDICAL DETAILS

Doctor's Name		Known medical conditions	
Surgery		Does your child take medication?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Address		Details of medication	
Telephone no.		Dietary requirements	



Which Kidz Club sessions would you like your child to attend on a regular basis:

Breakfast	Monday <input type="checkbox"/>	Tuesday <input type="checkbox"/>	Wednesday <input type="checkbox"/>	Thursday <input type="checkbox"/>	Friday <input type="checkbox"/>
After School	Monday <input type="checkbox"/>	Tuesday <input type="checkbox"/>	Wednesday <input type="checkbox"/>	Thursday <input type="checkbox"/>	Friday <input type="checkbox"/>

How will your child will go home at the end of Kidz After School Club?

Collected by parent <input type="checkbox"/>	Walk home <input type="checkbox"/>	Collected by named person listed in Section C <input type="checkbox"/>
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The password for the named person(s) in Sections C who has permission to collect my child is:

Permissions

I agree that photographs of my child can be used for school purposes including: displays, newsletters and on the school website	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I agree that my child can watch films rated PG	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I agree that my child can have their face painted during activities	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Parent's name _____

Signature _____ Date _____