



**ST MARY'S NERCWYS VOLUNTARY AIDED PRIMARY SCHOOL
AFTER SCHOOL CLUB**

Child Registration Form

Please use CAPITALS

Surname:

Child's Forename (s):

Date of Birth:

Child's Current Permanent Home Address:

.....Post Code:

Persons with parental responsibility:

Name & Title: Mr/Mrs/Ms/Other:

Address:

.....Postcode:

Mobile Number:, Home phone number

Any other number(s) you may feel is/are applicable:

Name & Title: Mr/Mrs/Ms/Other

Address:

.....Postcode:

Mobile phone number: Home phone number:

Any other number(s) you may feel is/are applicable:.....

Name & Title: Mr/Mrs/Ms/Other

Address:

.....Postcode:

Mobile phone number: Home phone number

Any other number(s) you may feel is/are applicable:.....

Person to contact in case of emergency if parents are not available:

Name:Relationship: Tel:

Name:Relationship: Tel:.....

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**Name and address of Family Doctor/Practice .....**

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**Phone number of Family Doctor/Practice .....**

Does your child have any medical conditions or special dietary requirements which you wish after school club staff to be aware of e.g. allergies, **YES/NO**

If yes please give details: .....

.....

I agree to the terms and conditions in the parental admissions information document   
(Please tick box to say that you have read the above document).

Please sign the form below using your usual signature:

Signature of Parent/Guardian:

..... Date:.....

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- Please provide a list of persons authorised to be able to collect your child,

1) _____

2) _____

3) _____

4) _____

- ***Please ensure that you update us of any changes of persons authorised to be able to collect your child, or changes in doctor's details, or changes of address and telephone numbers***