**Registration Form**

|  |  |  |  |
| --- | --- | --- | --- |
| **Contact Details** | Child 1 | Child 2 | Child 3 |
| Child’s Name: |  |  |  |
| Date of Birth: |  |  |  |
| School: |  |  |  |
| Year: |  |  |  |
|  |
| **Primary Contact Details** |
| Name: |  |
| Email Address: |  |
| Contact Number: |  |
| Alternative Contact Number: |  |
| Address: |  |
|  |
|  |
| Relationship to Child |  |
|  |
| **Secondary Contact Details**  |
| Name: |  |
| Email: |  |
| Contact Number: |  |
| Alternative Contact Number: |  |
| Address:(If different from above) |  |
|  |
|  |
| Relationship to Child: |  |
|  |
| **Emergency Contact Details –** We will contact these people if we cannot get hold of the Primary or Secondary contacts. If you would like us to only contact you in an emergency, please tick here: |
| Name: |  |
| Email: |  |
| Contact Number: |  |
| Alternative Contact Number: |  |
| Address: |  |
|  |
|  |
| Relationship to Child: |  |
|  |
| **Secondary Emergency Contact** |
| Name: |  |
| Email: |  |
| Contact Number: |  |
| Alternative Contact Number: |  |
| Address: |  |
|  |
|  |
| Relationship to Child: |  |
| **Sessions and Start Date** |
| Please select the breakfast and after-school club sessions that you require. Please put a Y in the Dinner column on the evenings you need us to provide dinner. Each after school club session runs from 3pm until 6pm.Each two course dinner costs £2.50 and is served at approximately 4:45pm.Please note that we require £100 deposit to secure you child’s place in our club. Please refer to our Terms and Conditions for further information. |
|  | Breakfast | After School | Dinner |
| Monday |  |  |  |
| Tuesday |  |  |  |
| Wednesday |  |  |  |
| Thursday  |  |  |  |
| Friday  |  |  |  |
| Comments: |
| Start date: |  |
|  |
| **Safeguarding Information** |
| What would you like your collection password to be? |  |
| This password will be requested if we do not recognise the person collecting your child. If someone other than you will be collecting your child, please make them aware of this password. We will also need to see their ID to ensure that we hand your child over to the correct person.  |
|  |
| **Medical Information** |
| Name of child(ren)’s GP: |  |
| Name of surgery: |  |
| Contact number for surgery: |  |
| Are your child’s immunisations up to date? | Y/N | Y/N | Y/N |
| Does your child have any allergies? (e.g. latex, penicillin, insect bites) | Y/N | Y/N | Y/N |
| If Yes, please provide details here:  |
| Does your child have any special needs? | Y/N | Y/N | Y/N |
| If Yes, please provide details here: |
| Does your child have any health conditions? | Y/N | Y/N | Y/N |
| If Yes, please provide details here: |
|  |
| **Dietary Requirements** |
| Does your child suffer from food allergies? | Y/N | Y/N | Y/N |
| Please provide details about any food allergies including the trigger, reaction and treatment/medication that should be administered. |
| Please select whether you’re happy for us to feed your child the following foods: |
| Meat | Y/N | Y/N | Y/N |
| Pork | Y/N | Y/N | Y/N |
| Gluten | Y/N | Y/N | Y/N |
| Wheat | Y/N | Y/N | Y/N |
| Tree nuts | Y/N | Y/N | Y/N |
| Peanuts | Y/N | Y/N | Y/N |
| Soybeans | Y/N | Y/N | Y/N |
| Mustard | Y/N | Y/N | Y/N |
| Eggs | Y/N | Y/N | Y/N |
| Sesame | Y/N | Y/N | Y/N |
| Celery | Y/N | Y/N | Y/N |
| Fish | Y/N | Y/N | Y/N |
| Shellfish | Y/N | Y/N | Y/N |
| Milk | Y/N | Y/N | Y/N |
| If there’s anything else you would like to tell us please write it here: |
| Print name:Signature:Date: |