

Seagry C of E Primary School - After School Club Registration

The following records are required by Law, and will be held in strict confidence, for After School use only.

YOUR CHILD'S DETAILS

| | |
|--------------|---------------|
| CHILD'S NAME | DATE OF BIRTH |
|--------------|---------------|

| | |
|-------------------|--------|
| HOME ADDRESS | |
| Home phone number | E-mail |

PARENT'S DETAILS Note: If the child lives with one parent only please indicate

| |
|---------------|
| NAME |
| N.I NUMBER |
| OCCUPATION |
| PLACE OF WORK |
| WORK TEL. No. |
| MOBILE No. |

| |
|---------------|
| NAME |
| N.I NUMBER |
| OCCUPATION |
| PLACE OF WORK |
| WORK TEL. No. |
| MOBILE No. |

EMERGENCY CONTACT NAMES Please indicate telephone numbers and relationship to the child

| | | |
|--------------|------|--------------|
| CONTACT NAME | Tel: | Relationship |
| CONTACT NAME | Tel: | Relationship |

Please indicate if there is any person who, because of **Legal constraints**, must **NOT** be allowed to collect the child:

| | |
|------|--------------|
| NAME | Relationship |
| | Description |

MEDICAL INFORMATION

OTHER SETTINGS

Details of other settings, childminders where your child attends

| | | | |
|---------------------------------|--|----------------|---|
| NAME & ADDRESS OF FAMILY DOCTOR | | NAME & ADDRESS | 1 |
| NAME OF HEALTH VISITOR | | | 2 |
| IMMUNISATIONS RECEIVED TO-DATE | | | 3 |

Please provide details relating to your child of the following:

| | |
|---|--|
| ANY KNOWN ALLERGIES? | |
| ANY SPECIFIC DIETARY REQUIREMENTS? | |
| ANY SPECIFIC HEALTH PROBLEMS? | |
| ANY BIRTHMARKS OR OTHER MARKS? | |
| ANY OTHER MATTERS THAT THE CLUB SHOULD BE AWARE OF WITH REGARD TO THE CARE OF YOUR CHILD? i.e CAF, Additional needs, Social worker etc. | |

Signatures of authorisation are required on the attached Authorisation Sheet, however, please sign below to indicate that the above information is a true and accurate record.

| | |
|------------|-------|
| SIGNATURE: | DATE: |
|------------|-------|