After School Club (Paid Care Provision) - Registration Form

To be completed and returned to the school office:

	Child's name	DOB	Age	Class
Child's name				
Child's name				
Child's name				

Please give names and contact numbers of carers who have your permission to collect your child		
Name of contact	**Relationship to child**	**Contact number:**
Name of contact	**Relationship to child**	**Contact number:**
Name of contact	**Relationship to child**	**Contact number:**

Your child's address:

Please state any special health requirements or food allergies that effect your child:

Signed by parent: **Date:**

Print name:

Parent - Contact Telephone number: