



## Care Club Registration Form

Child(ren)'s Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Class: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Phone No: \_\_\_\_\_

Dr's Name: \_\_\_\_\_

Dr's Address: \_\_\_\_\_

\_\_\_\_\_ Phone No: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Local Emergency Contact No (if mother / father cannot be contacted):

Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Any Relevant Medical History?: \_\_\_\_\_

\_\_\_\_\_

Allergies? (if any): \_\_\_\_\_

Special Dietary Requirements: \_\_\_\_\_

Any Other Useful Information?: \_\_\_\_\_

**Sessions Required (please tick)**

<b>Times</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
8:00 – 9:00am					
3:30 – 4:30pm					
4:30 – 5:00pm					
5:00 – 5:30pm					
5:30 – 6:00pm					

I consent to my child receiving medical treatment or advice in the event of an emergency.

I understand that Care Club cannot accept responsibility for children's possessions or valuables whilst they are attending the Care Club.

I will notify the Care Club if any of the above changes.

Child(ren)'s Parent / Guardian Name: \_\_\_\_\_

Signed: \_\_\_\_\_ (Parent / Guardian)

Date: \_\_\_\_\_