

# Deanwood Extended Services Registration Form

All children who attend must be registered with the club. (Children are collected from school during term time and escorted safely to the club). Children remain at the club until collected by a named adult.

Child's Name (FULL) \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ School Attended \_\_\_\_\_

Names of Parents/Guardian \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number (day time) \_\_\_\_\_ Telephone Number (evening) \_\_\_\_\_

Please give both parents/guardians telephone numbers as appropriate

Name and address of person collecting child from club, if different from above.

*Children will only be allowed to leave with the named person.*

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone number \_\_\_\_\_

Details of second contact other than collector who may be able to collect the child in an emergency.

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Details of Child's Doctor:

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone number \_\_\_\_\_

Does your child have any known medical problems?

Yes/No

If yes, please give details: \_\_\_\_\_

Does your child have any known allergies or dislikes e.g. certain foods or materials

Religion \_\_\_\_\_

Ethnic Origin: (please tick)

- British
- Bangladesh
- China/Hong Kong
- Ghana/Sierra Leone
- India/Sri-Lanka
- Jamaica/Trinidad
- East African
- Pakistan
- Italy
- Malaysia
- Other European
- Other Commonwealth
- Not known
- Unclassified

When would you like your child to start at the club? \_\_\_\_\_

On which days would you like your child to attend the club? (Term Time only) please circle

Monday

Tuesday

Wednesday

Thursday

Friday

Has your child been immunised against:

date:

Tetanus \_\_\_\_\_

Measles \_\_\_\_\_

Rubella \_\_\_\_\_

Mumps \_\_\_\_\_

Whooping Cough \_\_\_\_\_

Polio \_\_\_\_\_

Any other information \_\_\_\_\_

Some of our routine activities of the club may involve visiting parks or short trips. For your child to take part in these activities you must give your permission.

I agree to my child taking part in an activity as described above

Yes/No

I consent to any emergency medical treatment necessary during the running of the club. I authorise the After School Club staff to sign any written form of consent required by the hospital authorities if the delay in getting my signature is considered by the doctor to endanger my child's health and safety.

Yes/No

Print Name \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_