## **Hoole St Michael Kids Club**



## REGISTRATION FORM (please return as soon as possible)

Date of Birth:	Tick if EYFS	5 child	(picase re	turri as	300m a3 po	331010)			
First Name:    Date of Birth:   Age:   School Attended:   Key worker's name:	Child's Detai	ls				Date	of Reai	stration:	
Parent/Guardian details (Please Inform us if either parent does not have legal responsibility)  Title: First name: Suname: Title: First name: Suname: Home address: Home address (if different):    Title: First name: Suname: Home address (if different):									
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Title:   First name:   Surname:   Title:   First name:   Surname:   Home address (if different):   Home address (if different):     Tick if child normally lives at this address   Work address:   Work address:   Work address:   Work address:   Work address:   Work address:   Work number:   Work number:   Work number:   Mobile number:   Work number:   Email address:   Email address:   Email address:   Telephone number:   Mobile number:   Mobile number:   Address:   Relationship to child:   Rel		3							
Title:   First name:   Surname:   Title:   First name:   Surname:   Home address:   Work address:   Work address:   Work address:   Work address:   Work address:   Work number:   Work number:   Home number:   Mobile number:   Work number:   Email address:   Email address:   Email address:   Telephone number:   Mobile number:   Mobile number:   Address:   Relationship to child:   Relationshi					_		_		
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Home number:   Mobile number:   Work number:   Home number:   Mobile number:   Work number:   Email address:   Email address:   Email address:   Alternative emergency contact details (Please provide details of two people we can contact if we are unable to get hold of you) Name:   Telephone number:   Mobile number:   Address:   Relationship to child:   Name:   Telephone number:   Mobile number:   Address:   Relationship to child:   Details of child's doctor Name of Doctor:   Telephone:   Address:   Telephone:    About your child   Please detail any additional/special needs your child has: (please provide full details) Is there anything your child doesn't like (food, games etc.) or is scared of?  What are your child's favourite activities?	Tick if child norm	nally lives at this addres	s	☐ <sub>Tic</sub>	Tick if child normally lives at this address				
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Signed Parent/Carer Date	Signed Par	ent/Carer				Date	P		