

Hoole St Michael Kids Club



REGISTRATION FORM

(please return as soon as possible)

Tick if EYFS child

Child's Details

Date of Registration:

First Name:		Surname:		What s/he likes to be called:	
Date of Birth:	Age:	School Attended:	Key worker's name:		
		First Language:			

Parent/Guardian details (Please inform us if either parent does not have legal responsibility)

Title:	First name:	Surname:	Title:	First name:	Surname:
Home address:			Home address (if different):		
<input type="checkbox"/> Tick if child normally lives at this address			<input type="checkbox"/> Tick if child normally lives at this address		
Work address:			Work address:		
Home number:	Mobile number:	Work number:	Home number:	Mobile number:	Work number:
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:	
Address:	Telephone:

About your child

Please detail any additional/special needs your child has: (please provide full details)
Please detail any dietary requirements/food allergies for your child: (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?
<input type="checkbox"/> Tick if you consent to your child seeing PG rated DVDs

Signed Parent/Carer _____

Date _____