



AFTER SCHOOL CLUB REGISTRATION FORM

CHILD'S NAME:			
ADDRESS:			
EMAIL:			
DATE OF BIRTH:		CLASS:	
PARENT/CARER NAME: (1)			
CONTACT NUMBERS:	MOBILE:		DAYTIME:
PARENT/CARER NAME: (2)			
CONTACT NUMBERS:	MOBILE:		DAYTIME:
Additional adults who are authorised to collect your child:			
Please notify the school if anyone else, not on this list, is expected to collect your child.			
NAME:		CONTACT NUMBER:	
NAME:		CONTACT NUMBER:	
NAME:		CONTACT NUMBER:	
Does your child have any allergies?	YES/NO If yes, please give details:		
I* / I do not*agree to my child receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities.			
SIGNED:			DATED: