



## AFTER SCHOOL CLUB REGISTRATION FORM

<b>CHILD'S NAME:</b>			
<b>ADDRESS:</b>			
<b>EMAIL:</b>			
<b>DATE OF BIRTH:</b>		<b>CLASS:</b>	
<b><u>PARENT/CARER NAME:</u></b> <b><u>(1)</u></b>			
<b>CONTACT NUMBERS:</b>	<b>MOBILE:</b>		<b>DAYTIME:</b>
<b><u>PARENT/CARER NAME:</u></b> <b><u>(2)</u></b>			
<b>CONTACT NUMBERS:</b>	<b>MOBILE:</b>		<b>DAYTIME:</b>
<b>Additional adults who are authorised to collect your child:</b>			
Please notify the school if anyone else, not on this list, is expected to collect your child.			
<b>NAME:</b>		<b>CONTACT NUMBER:</b>	
<b>NAME:</b>		<b>CONTACT NUMBER:</b>	
<b>NAME:</b>		<b>CONTACT NUMBER:</b>	
<b>Does your child have any allergies?</b>	<b>YES/NO</b> 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.			
<b>SIGNED:</b>			<b>DATED:</b>