

Longton Primary School Kids Club

Registration Form

Name of child.....

Date of birth.....

Days/session child attends

	Monday	Tuesday	Wednesday	Thursday	Friday
Breakfast					
Afterschool					

Childs class.....

Name of parent/carer.....

Address.....

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Home telephone No.....

Mobile tele No.....

Work tele No.....

Names of other adults who can pick your child up.

Person 1..... relationship.....

Person 2relationship.....

Person 3..... relationship.....

Password..... date given.....

EMERGENCY CONTACT

1st contact: name.....

Telephone No.....

2nd contact: name.....

Telephone No.....

HEALTH AND SPECIAL REQUIREMENTS

Does your child require any dietary needs?

Please specify.....

Are there medical conditions in which we may need to be aware of?

Please specify.....

Are there allergies in which we need to be aware of?.....

Please specify.....

Doctors name/ address/tele No.....

Do you give permission for first aid to be given?..... Yes/No

PERMISSIONS

Photos to taken and used on the school's website/blog/newsletters.....Yes/No

Take part in all messy activities?.....Yes/No

Take part in cooking activites?.....Yes/No

ANY OTHER INFORMATION

Please add below any further information you feel we need to be aware of.

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Signedparent/carer

Date.....