



Please FULLY complete this application form!

Registration form

Tele:-07941-106-651 Tele:-07956-894-717 Tele-07981-010-384

Web:- www.creationsafterschoolclub.co.uk E-mail-CreationsASC@aol.com

Half Term play scheme

Applicants Details (Childs)

First Name-----Surname-----

Age----- DOB-----/-----/-----

Address-----

Post Code-----

Tick days child/ren is attending

Table with 6 columns: Days of attendance, Monday, Tuesday, Wednesday, Thursday, Friday. Row 1: Week 1

Does the child have any known medical conditions? Yes () No () {please tick as appropriate}

Please give details if you ticked 'Yes'-----

Does the child have any known allergies? Yes () No () {please tick as appropriate}

Please give details if you ticked 'Yes'-----

Special instructions (religious, special dietary needs)

Parent/Guardian's Details

Title -----(Mr, Mrs, Miss,) First Name -----Surname-----

Title -----(Mr, Mrs, Miss,) First Name -----Surname-----

Telephone Number-----Work number-----Mobile Number-----

E-mail address-----

Emergency

In an emergency if we cannot get in contact with you, please provide the details of whom you would like us to contact in your absence.

Contact

Full Name -----Number 1-----

Full Name -----Number 1-----

GPs Details (please provide as much details as possible) -----

Tele -----

Parent /legal guardian's consent:

- I hereby agree that my child can take part in activities at the club, including trips when applicable
Although there will be a fifteen seat minibus, in the event of a breakdown would parents/guardians consent to children being transported in staff members personal vehicles, as a last result via minicab.
I consent to emergency first aid treatment on my child if necessary
I authorise the staff of the club to sign any written medical consent on my behalf, if any delay in getting my signature would endanger my child's life.

Print name----- Signed ----- Date-----

Thank you