

Creations After School Club

Registration form

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

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

**COMPULSORY areas to be filled in*

Please read and sign terms and conditions before filling in this application form

Applicants Details (Childs)

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

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

Name of Teacher ----- Class -----

*Date you would like your child to start at Creations-----

*Address-----

Post Code -----*E-mail Address-----

*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-----

*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 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