

Acorns After School Club Registration Form

Child's Full Name:

Date of Birth:

Sex:

Address:

School Attended:

Mothers Name:

Fathers Name:

Address:

Place of work:

Usual hours of work:

Tel No (Home):

Tel No (Home):

Tel No (Work):

Tel No (Work):

Tel No (Mobile):

Tel No (Mobile):

In an emergency, person to contact: (Name and Tel No):

Alternative contact if parent isn't available:

Name:

Tel No:

This information is Strictly Confidential

Child's Doctor:

Tel No:

Address of Surgery:

Does your child suffer from any medical conditions of which we should be aware? Eg Asthma, Epilepsy or food allergies:

Is your child under medication: Yes/No

Religion/Culture we should be aware of:

For children who do not attend George White Junior School

Does your child have any special educational needs or disabilities which staff will need to be aware of?

Does your child have any additional support in school?

Permission form

Names and contact details of people **who are allowed** to collect your child (and their relationship to your child):

Please sign below if you give permission for your child to do the following:

Any emergency treatment:

(Parent/Guardian)

View PG/U rated videos, play on the Wii and use of the internet:

(Parent/Guardian)

Have photos taken for the purpose of displaying in and around school (in accordance with the School Photos Policy):

(Parent/Guardian)

Date form completed:

Signature:

(Parent/Guardian)