



**Gainford C of E Primary School Extra Time Club**  
**After School Club**  
**Registration Form**

A Registration Form should be completed for each child and returned to the school.

**Parent's Details**

Name of Child:	Name of Child:
Parent:	Parent:
Home telephone no:	Home telephone no:
Work telephone no:	Work telephone no:
Company/work name:	Company/work name:

**Emergency Contact**

Name: _____
Address: _____
Telephone no: _____
Relationship to child _____

**Medical Details**

Child's Doctor: _____
Address; _____
Telephone no: _____
Does your child have any special diet, health problems, allergies etc?    Yes        No
Is there anything else the supervisor should know about your child?    Yes        No
(If the answer is yes to either questions please list on the back of this sheet)

I give permission for medical advice to be sought for my child in the event of an emergency.  
I agree that I will personally collect my child from the Club Supervisor unless stated otherwise.  
I will ensure that After School Club staff will be notified of any changes to the information on this form.

Signed: \_\_\_\_\_ Parent/Carer      Date \_\_\_\_\_