Registration Form

CANTERBURY Kids Club

Child's Name: _____

Known As: _____

Address: _____

_____

_____

Post Code _____ Tel. No. _____

Date of Birth _____

Ethnic Origin _____

Religion _____

School Attending Finchale Primary

Parents' Name(s) _____

Home Address _____

_____

_____

Tel. No. _____

Work Address _____

_____

_____

Tel. No. _____

Mobile No. _____

Legal Status of Child _____

Emergency Contacts

Please give details of two adults, known to your child, that would be able to collect your child if we if we are unable to contact you.

1) Name _____

   Address _____

   Tel. No. _____

   Relationship to Child _____

2) Name _____

   Address _____

   Tel. No. _____

   Relationship to Child _____

Names of people who will drop off or collect your child:

Name _____ Name _____

Address _____ Address _____

_____ _____

Tel. No. _____ Tel. No. _____

Relationship to Relationship to

Child _____ Child _____

Doctor's Details

Name _____

Practice Address _____

Tel. No. _____

Medical Details and Allergies

Known Allergies _____

_____

_____

Know Dietary Needs/Intolerances _____

_____

_____

Prescribed Medicines _____

_____

_____

Any Further Information _____

_____

_____

Consent

I give my permission for emergency medical treatment in the event of Canterbury Kids Club or Finchale Primary School being unable to contact me.

Signed : _____

Name: _____

Relationship to child: _____

Date: _____

Additional Information

Does your child have any additional needs?

_____

_____

_____

_____

Are there any foods forbidden due to Religion, Allergies or Vegetarian?

_____

_____

_____

Details of any activities which may be prohibited due to religious or medical grounds.

_____

_____

_____

Any other information, which you feel may be relevant.

_____

_____

_____

_____

Signed _____ Date _____