

**CASTLE NEWNHAM SCHOOL CARE CLUB**

**REGISTRATION FORM**

Please complete a form (in block capitals please) for **each** child attending the Care Club

Child's Full Name:	Date of Birth:
Home Address:	
Home Telephone No:	Mobile Telephone No:
School Attending:	
Parent/Carer Name:	Relationship to child:
Daytime telephone number:	
Name and telephone number of person collecting child if different to above:	
Name and telephone number of a person locally who can collect your child from the club in an emergency:	
Child's Doctor: Surgery address and telephone number:	
Ethnic origin:	
Home Language:	
Religion:	
Special dietary requirements / allergies	
Additional information regarding health issues, access requirements, communication issues or any other special needs that the Care Club should know about your child:	

I consent to my child receiving medical treatment in case of an emergency. YES/NO

I consent to my child having plasters administered in the event of an injury. YES/NO

I consent to my child having their photograph taken and displayed in 'Care Club'. YES/NO

I understand Care Club cannot accept responsibility for your child's possessions or valuables whilst they are attending Care Club.

I will notify Care Club if any of the above details change.

Signed ..... Parent/Carer .....Date

Parent/Carer's Name .....