

**PLEASE RETURN THIS FORM TO THE SCHOOL OFFICE**

**Mereworth After School Care Service**

**Registration Form**

Deposit paid: Y/N

Date:

Child's name:

Year group:

Address:

Date of birth:

Name of Parents/Guardians:

Address if different from above:

Contact numbers:

Email:

Please give details of two other contacts that may be able to collect your child:

Name:

Name:

Address:

Address:

Contact No:

Contact No:

Medical Information

Doctors name:

Surgery Address:

Tel no:

Does your child suffer from any known medical condition (please include history of infectious diseases and any specific medical condition which requires medication and dosage)

Please give details of any known allergies:

Please give details of any major food dislikes:

Please give details of any culture/religious requirements:

On which day will your child attend the club?

MON            TUES            WED            THURS            FRI

Please complete the termly booking in full.

On what date would you like to child to start attending the club?

I consent to staff seeking emergency medical treatment of my child during the running of the club  
Y/N

Parent/Guardian signature:

Date:

I have received a copy of Mereworth After School Care Service information pack and have read and understood all the policies and procedures therein. I agree to sign upon collection of my child for the Care Service and in addition agree to give one month's notice of termination or payment in lieu.

Parent/Guardian signature:

Date: