

Gastrells Afterschool Club Registration Form

All children who attend must be registered with the club.

Child's first name _____

Child's family name/surname _____

Child's date of birth _____

Child's home address _____

Child's home Tel. no. _____

Parent/Carer name _____

Daytime Tel. no. _____

Name/Tel. no. of person(s) who can collect child from club in an emergency:

Please turn over...

Child's doctor: Name _____ Tel. no. _____

Surgery address: _____

Additional information i.e. special diets, allergies, health problems or anything else that we should know about your child:

I consent to my child receiving medical treatment in the event of an emergency.

I understand that *Gastrells Afterschool Club* cannot accept responsibility for the children's possessions or valuables whilst they are attending the club.

Parents Full Name _____

Signature _____

Date _____