

Tick if EYFS child

# After School Care (Richmond) The Fun Club

## Registration Form

Child's Details

Date of Registration:

First name:	Surname:	What s/he likes to be called:
Date of birth and current age:	School attended: First language:	Name of key person:

Parent/Guardian details

Title:	First name:	Surname	Title:	First name:	Surname
Home address:			Home address (if different):		
Does this child normally live at this address? Yes / No			Does this child normally live at this address? Yes / No		
Work address:			Work address:		
Home number:	Mobile number:	Work number:	Home number:	Mobile number:	Work number:
Email address:			Email address:		
Does this person have parental responsibility? Yes / No			Does this person have parental responsibility? Yes / No		
Does anyone else have parental responsibility for this child? Yes / No (If yes, please provide details on separate sheet.)					

Emergency Contact Details (please provide details of two people we can contact if we are unable to get hold of you)

Name:	Telephone number:	Mobile number:
Address:		Relationship to the child:
Name:	Telephone number:	Mobile number:
Address:		Relationship to the child:

Child's Doctor

Name of Doctor:	
Address:	Telephone:

About your child

Please detail any additional/special needs your child has: (please provide full details)
Please detail any dietary requirements / food allergies for your child: (please provide full details)

Is there anything your child doesn't like (food, games etc) or is scared of?

What are your child's favourite activities?

Photo consent

The Fun Club likes to record events and activities that the children take part in and enjoy for display and for sharing with the schools. Please indicate whether you consent to your child being photographed.

**I do / do not give permission for the Fun Club to take pictures of my child to use for display boards / our website / Twitter / Facebook (delete as appropriate)**

First Aid

**As stated in the Parent Handbook, First Aid will be administered when necessary unless you have written to withhold your permission for us to do this.**

Signature of Parent/Carer:

Date: