

**NORTH MUNDHAM PRIMARY SCHOOL AFTERSCHOOL CARE CLUB
REGISTRATION DETAILS**

PLEASE RETURN COMPLETED FORM TO SCHOOL ASAP

Please complete this form so the Afterschool Care Club has the correct details about your child. Registration ensures we have essential information about each child including contact information and health information.

North Mundham Primary School, School Lane, Chichester, West Sussex, PO20 1LA

Child's Surname: First name:

Date of birth: Sex: Male / Female (please delete)

Home Address:

Postcode: Home phone no:

EMERGENCY CONTACT NUMBERS: It is extremely important that we are able to make contact with you during Afterschool Club should there be a problem with your child. Please therefore give daytime details and at least one other contact person and indicate the order in which they should be contacted. Please give names and addresses of both parents (where possible).

First Parent Name: Mr/Mrs/Miss/Ms/Other

Daytime telephone no:

Daytime address:

Home telephone no:

Home address:

Mobile no (where applicable):Contact Order (please circle): 1 2

Second Parent/Second Contact Name: Mr/Mrs/Miss/Ms/Other

Daytime telephone no:

Daytime address:

Home telephone no:

Home address:

Mobile no (where applicable):Contact Order (please circle): 1 2

MEDICAL DETAILS:

Name of family doctor:Telephone No:

Address:

Are there any medical problems likely to cause difficulty or be relevant while attending the Afterschool Care Club?

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Details of any regular medication (e.g. asthma inhaler):

Will your child need to have their medication in school? Yes/No

If yes, please give details

Is your child allergic to plasters? Yes/No

Is your child allergic to nuts? Yes/No

Does your child have any relevant allergies that the school needs to be aware of?

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Please detail any dietary needs that the school needs to be aware of:-

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Photo Consent

I consent to my child being photographed whilst at the Afterschool Care Club for publicity and displays

YES/NO (please delete)

Please provide any other information regarding your child that Afterschool Care Club should be aware of:

Signed: Date:

Name (please print):

Relationship to child: