



AFTER SCHOOL CLUB & HOLIDAY CLUB REGISTRATION FORM

| REGISTRATION FORM | |
|---|--|
| Name of child | |
| Date of birth | |
| Name he/she likes to be called | |
| Gender | |
| Name of Parents with whom child lives | |
| Address | |
| Post Code | |
| Telephone | |
| Mobile Number(s) | |
| Email Address (s) | |
| Arrangements for custody or access | |
| EMERGENCY CONTACT DETAILS (Parent 1) | |
| Daytime Contact Number | |
| Name & Address of Employer | |
| Employer's Telephone Number | |
| EMERGENCY CONTACT DETAILS (Parent 2) | |
| Daytime Contact Number | |
| Name & Address of Employer | |
| Employer's Telephone Number | |



OTHER EMERGENCY CONTACTS

| | |
|-----------------------|--|
| Name | |
| Telephone | |
| Mobile | |
| Relationship to Child | |

PERSONS AUTHORISED TO COLLECT CHILD (Must be over 16 years of age)

| | |
|-----------------------|--|
| Name | |
| Telephone | |
| Mobile | |
| Relationship to Child | |

PERSONS AUTHORISED TO COLLECT CHILD (Must be over 16 years of age)

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| Name | |
| Telephone | |
| Mobile | |
| Relationship to Child | |

PERSONAL DETAILS OF CHILD

| | |
|---|--|
| Special dietary requirements e.g. intolerances, allergies, food preferences | |
| Main religion of your family | |
| How would you describe your child's ethnicity or cultural background? | |
| What language(s) is/are spoken at home? | |
| Does your child have any special needs or disabilities? | |



Stables Day Care Nursery

20 Wemsbrook Road, Wem

Shropshire, SY4 5AH

Proprietor: Beccy Ahmad

MEDICAL INFORMATION

Family Doctor

Name of practice

Address

Telephone

Health Visitor & Base

Telephone

ANY OTHER INFORMATION



STABLES AFTER SCHOOL CLUB AND HOLIDAY CLUB INFORMATION UPDATE

| | |
|---|--|
| Name of Child | |
| Address | |
| Emergency contact details | |
| I confirm that no information has changed since completing the registration form. | |
| Parents full name | |
| Signature | |
| Date | |

PARENTS PERMISSION

In the holiday and after school club children take part in lots of activities which include; face painting, trampolining, visits to parks, walks, sports and on occasion trips involving nursery transport or mini bus. Please state if your child is not to take part in a specific activity, or sign to give your permission. Although every care is taken to ensure your child's safety, we cannot take responsibility for injury caused by misbehaviour.

SIGNATURES

| | |
|------------|--|
| Parent 1 | |
| Date | |
| Parent 2 | |
| Date | |
| Key Person | |
| Date | |
| Owner | |
| Date | |