

**DURLEY BREAKFAST & AFTER SCHOOL CHILDCARE CLUB  
REGISTRATION FORM**

**Parent/Carers Information**

Name:.....  
Address:.....  
.....Post Code:.....  
Tel Nos. Home:.....Work:.....Mobile:.....  
Email Address:.....

**Child/children's Details**

1st Child Name:..... Age:..... DOB:.....  
2nd Child Name:..... Age:..... DOB:.....  
3rd Child Name:..... Age:..... DOB:.....

**Medical**

Doctors Surgery: .....  
Doctors Name: .....  
Address: .....  
.....Tel No.....  
1st Child Allergy/Medical Conditions: .....  
.....  
2nd Child Allergy/Medical Conditions: .....  
.....  
3<sup>rd</sup> Child Allergy/Medical Conditions: .....  
.....

**Emergency Contact**

Name:.....  
Address:.....  
.....Post Code:.....  
Tel Nos. Home:.....Work:.....Mobile:.....  
Email Address:.....

**2<sup>nd</sup> Emergency Contact**

Name:.....

Address:.....

..... Post Code:.....

Tel Nos. Home:.....Work:.....Mobile:.....

Email Address:.....

**Additional Information**

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**Please sign to consent to the following statements:**

**I give permission for my child to:**

Receive emergency treatment if necessary from a paramedic, doctor or staff member with a current first aid certificate YES/NO

Participate in walks/outings around the school and local environment YES/NO

In some cases we may require additional permission for various things to fit in with what is happening around the setting, i.e. face painting. You will be informed in advance and asked to sign a form to give consent.

**Payment details**

I confirm that I will pay for my child/children's care via cash, cheque, childcare voucher or online (payments by cheque should be made payable to Hampshire County Council).

**I can confirm that the information provided is up to date and agree to inform staff of any changes to contact information / information regarding my child/children.**

**SIGNED:** ..... **PRINT NAME:**.....

**RELATIONSHIP TO CHILD:** ..... **DATE** .....