

ST MARGARET CLITHEROW CATHOLIC ACADEMY

After School Care - Registration Form

Child's Name:		
Date of Birth:		Current Class:
Parent/Carer Details:		
Name:		Name:
Home Address:		Home Address: <i>(if different)</i>
Home Number:		Home Number:
Mobile Number:		Mobile Number:
Work Number:		Work Number:
Email:		Email:
Emergency Contact Details <i>(please provide details of two people we can contact if we are unable to get hold of you)</i>		
Name:	Mobile Number:	Work Number:
Address:		Relationship to the child:
Name:	Mobile Number:	Work Number:
Address:		Relationship to the child:
Child's Doctor		
Doctor's Name:		
Address:		Telephone:
About your child		
Please detail any additional/special needs your child has: <i>(continue overleaf if necessary)</i>		
Please detail any dietary requirements / food allergies: <i>(continue overleaf if necessary)</i>		
I consent to any emergency medical treatment necessary during the running of the club and authorise the staff to sign any form of consent required by medical staff, if a delay in getting my signature could endanger my child's Health or Safety.		
I consent for photographs being taken of my child for use in club marketing material or displays within the club.		
Signature of parent / Carer:		Date:

All information will be kept confidential in line with our **Data Protection Policy** and our **Privacy Notice**.