## Quackers at King’s Wood School

## After School and Holiday Club Registration Form

|  |  |  |  |
| --- | --- | --- | --- |
| Child’s Name |  | Preferred Name |  |
| Date of Birth |  | **Password** |  |
| Home Address |  |
| Postcode |  | Home Phone No. |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Mother’s Name |  | Employer |  |
| Work Phone No. |  | Mobile No. |  |
| Email Address |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Father’s Name |  | Employer |  |
| Work Phone No. |  | Mobile No. |  |
| Email Address |  |

|  |  |
| --- | --- |
| Child lives with |  |
| Who has legal contact |  |
| Who has parental responsibility |  |

**EMERGENCY CONTACTS if parents cannot be reached**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Relationship | Number | Number |
|  |  |  |  |
|  |  |  |  |

**Persons authorized to collect my child should either parent be unavailable**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Relationship | Number | Number |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Child’s Religion |  | Ethnic Origin |  |
| Practiced |  |
| 1st Language |  | 2nd Language |  |

|  |  |
| --- | --- |
| Allergies |  |
| Dietary Requirements |  |
| Medical Notes |  |

**Permissions**

|  |  |  |
| --- | --- | --- |
| **Photos of your child are only taken with after school equipment and only saved onto the nursery computers.**  | Yes | No |
| Photos of my child may be used for displays around the club. |  |  |
| Photos of my child alongside other can be reproduced for other parents. |  |  |
| Photos of my child can be used for the occasional newspaper release. |  |  |
| Photos of my child can be used on the After School Club website. |  |  |

|  |  |  |
| --- | --- | --- |
| Staff to administer and seek emergency medical advice or treatment. |  |  |
| Staff to use faces paints on my child. |  |  |

**Once completed please hand this form into the school office or scan and send to;**

INFO@QUACKERSOUTOFSCHOOLCLUBS.CO.UK **07841 018726**

I understand it is my responsibility to keep my registration information up to date.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_