****

**Registration Form for Kingfisher Club**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Childs Full Name** | | | | | | Current Year Group | | Date of Birth |
| I wish to register my child for (Please Tick) | | | | | | | | |
| Kingfisher Breakfast Club | | | |  | | | | |
| Kingfisher After School Club | | | |  | | | | |
| Kingfisher Breakfast & After School Club | | | |  | | | | |
| **Parent / Guardian details** | | | | | | | | |
| 1st Contact Name | |  | | | 2nd Contact Name | |  | |
| Relationship to Child | |  | | | Relationship to Child | |  | |
| Home address | |  | | | Home address | |  | |
| Mobile number | |  | | | Mobile number | |  | |
| E-mail | |  | | | E-mail | |  | |
| Employers tel no | |  | | | Employers tel no | |  | |
| **Alternative contact who can collect your child in an emergency** | | | Name | | | | Telephone no | |
|  | I give permission for a member of staff to administer first aid if required (please tick) | | | | | | | |
|  | I give permission for a member of staff to seek any necessary emergency medical advice or treatment in the event that my child is involved in a serious accident. (please tick) | | | | | | | |
| Doctor’s name and phone no. | | |  | | | | | |
| Allergies/  Dietary restrictions | | |  | | | | | |
| Medical conditions or additional needs which we need to be aware of | | |  | | | | | |
| Start date at Kingfisher Club | | |  | | | | | |
| Any other information | | |  | | | | | |

**I have read and, in signing this form, accept the Terms and Conditions for my child attending the**

**Breakfast and/or After School Kingfisher Club.** (*please tick*)

Parent/Carer’s signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please print name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_