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 **Registration Form for Kingfisher Club**

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| --- | --- | --- |
| **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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_