

Our Lady of Fatima Catholic Primary School
Before and After School Club

Child's Registration Card

Name of child (and any other name by which child is known)

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Date of Birth		Ethnic origin	
Gender	M / F	Religion	

Child's first language	
Disabled (Y / N)	
Access Requirements (please specify)	

Name of Parent(s) / Carer

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Child's home address and home telephone number / mobile number

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Parent / carer work address(es), and telephone number

Tel:	Tel:

Other persons authorised to collect child

Name	Relationship to child	Tel No/Mobile

Other emergency contacts

Dietary Requirements

Does your child have any special dietary needs e.g. vegetarian? Yes No

Please give details

Medical Information

Does your child have any known medical conditions or allergies? Yes No

Please give details

Name, address and telephone number of child's doctor

I consent to any emergency medical treatment necessary during the running of the Club. I understand that in an emergency every effort will be made to contact me. If there is a delay which would endanger my child's health and safety, I authorise the club staff to sign any written form of consent required by hospital authorities. Yes No

I consent to my child taking part in all normal club activities including outdoor games. Yes No

I consent to photographs being taken of my child for use within the school / club. Yes No

Signed (Parent/Carer) _____

PRINT NAME(S) _____

Date _____