



Brewster Avenue Out of School Provision Registration Form

Date of Registration: (office use)

Child's Details

First name:	Surname:	What s/he likes to be called:
Date of birth:	School attending:	First language:

Parent/Guardian details

Title:	First name:	Surname:	Title:	First name:	Surname:
Home address:			Home address (if different):		
Does this child normally live at this address? Yes / No			Does this child normally live at this address? Yes / No		
Work address:			Work address:		
Home number:	Mobile number:	Work number:	Home number:	Mobile number:	Work number:
Email address:			Email address:		
Does this person have parental responsibility? Yes / No			Does this person have parental responsibility? Yes / No		
Does anyone else have parental responsibility for this child? Yes / No <i>(If yes, please provide details overleaf.)</i>					



Emergency Contact Details (please provide details of two people we can contact if we are unable to get hold of you)

Name:	Telephone number:	Mobile number:
Address:		Relationship to the child:
Name:	Telephone number:	Mobile number:
Address:		Relationship to the child:

Alternative Collection (Please provide the names of all adults to whom you give permission to collect your child from After-School / Holiday Club)

Name of Adult	Relationship to Child

Password (Please provide a secret password that you can share with those who may collect your child from After-School / Holiday Club)

Password	
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Child's Doctor

Name of Doctor:	
Address:	Telephone:
Do you give permission for the club to administer First Aid in an emergency?	Yes / No



About your child

Please detail any additional/special needs your child has: (please provide full details)

Any food your child cannot eat for medical or religious reasons: (please provide full details)

Does your child have any medical conditions/allergies?

Signature of Parent/Carer:

Date:
