



WILLINGHAM OUT OF SCHOOL CLUB (WOOSC)



REGISTRATION FORM

Child's Details

Please indicate if EYFS child

First Name:	Surname:	Preferred Name:
Date of Birth:	First Language:	

Parent/Carers Details *(please inform us if either parent does not have legal parental responsibility)*

Title:	First Name:	Surname:		Title:	First Name:	Surname:
Home Address:				Home Address:		
Work Address:				Work Address:		
Home Number:	Mobile Number:	Work Number:		Home Number:	Mobile Number:	Work Number:
Email Address:				Email Address:		

Alternative Emergency Contact Details and Authorised Person *(please provide the details of at least one person over the age of 16 who we can contact to collect your child if we are not able to get hold of you)*

Name:	Telephone Number:	Mobile Number:
Address:		Relationship to child:
Name:	Telephone Number:	Mobile Number:
Address:		Relationship to child:
Name:	Telephone Number:	Mobile Number:
Address:		Relationship to child:



WILLINGHAM OUT OF SCHOOL CLUB (WOOSC)



Medical Information

Name of Child:	
Name of Doctor:	
Address:	Telephone Number:

About your child

Additional/special needs your child has: (please provide full details)
Any medical needs your child has: (please provide full details, if medication is needed an additional medication form will need to be completed)
Any allergies your child has: (please provide full details)
Any dietary requirements for your child: (please provide full details)
Any other additional information:

Signature of Parent/Carer: Date:



WILLINGHAM OUT OF SCHOOL CLUB (WOOSC)



Childs Name:	Date of Birth:
---------------------	-----------------------

Miscellaneous Consents:

Sun Cream	The after school club has a supply of sun cream for use by the children during the sessions.
I give permission for a member of staff to encourage my child to apply the sun cream and to assist where required.	
Signature of Parent/Carer:	Date:

Pamper Sessions	The after school club has occassional Friday pamper sessions which include natural face masks, foot spas and nail polish.
I give permission for my child to participate in the pamper sessions if they wish, and that any nail polish applied will be removed before school on the following Monday.	
Signature of Parent/Carer:	Date:

Photographs	Photographs may be taken of your child/ren whilst at the after school club. Any photographs taken that are then displayed or used on the after school club section of the school website will not have the children's details accompanying them.
I give permission for my child/ren to be photographed by the staff.	
Signature of Parent/Carer:	Date:
I do not give permission for my child/ren to be photographed by the staff.	
Signature of Parent/Carer:	Date: