



Child's surname:	Child's first name:
Date of Birth:	Teacher's Name:
Address:	
Postcode:	
Tel no:	School year: Infants/Juniors
Name of Parent/Guardian:	Name of Parent/Guardian:
Work address:	Work address:
Work phone:	Work phone:
Mobile no:	Mobile no:
Emergency contact name:	Address:
Doctor's name:	Tel No:
	Address:
	Tel No:
Any medical information: e.g. known allergies to any medication/food etc.	
Additional information: e.g. health problems/medical assistance/special dietary needs	
Who is allowed to collect your child from the Club:	



I consent to my child receiving medical treatment in an emergency or First Aid assistance as necessary



I understand that 'Owls After School Club' cannot accept responsibility for childrens' possessions or valuables whilst they are attending the club.

I would like my child to join the Club and agree to observe the Rules and Terms of Membership as stated in the Membership Booklet



Signed: Date:
Parent/Guardian



'Owls After School Club'

Days and times required

Day of the Week	Hours
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

