

OCEANS AFTER SCHOOL CLUB

REGISTRATION FORM

First name Last name

Date of birth Class

Preferred name.....

Address

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.....

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1st Parent/Carer's Name 2nd Parent/Carer's Name

Address (if different from above)..... Address (if different from above)

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.....

.....

Tel No Home: Tel No Home:

Tel No Work: Tel No Work:

Emergency contact Name Relationship Tel No.

1

2

Who will collect the child? (Please give names of all those who may be collecting)

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..... Password:

Medical Information

Emergency Medical Consent (this confirms your agreement for the club to initiate appropriate medical treatment in the event of an emergency)

Medical Practice: Medical conditions: include any allergies/medical conditions and medications regularly taken

Address: If none, please state NONE.

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Doctor's Name:

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Phone No. of above:

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Special Dietary Needs/Allergies:

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You must pre-book to ensure a place. We need to ensure the correct staff : child ratios and will not be able to guarantee a place for a last minute booking.

Please tick the sessions required in the tables below:

Breakfast Club – 7:45am – 8:35am

	Monday	Tuesday	Wednesday	Thursday	Friday
7.45—8.30am					

After School Club – 3.05-5pm

	Monday	Tuesday	Wednesday	Thursday	Friday
3.05—4pm					
4—5pm					