

Registration Form
Thomas A Becket Middle Childcare Club

Please complete the following form and return it to The Childcare Club.
 If any of the information changes please ensure that the club is informed.
 Many Thanks.

Name of Child		
Date of Birth		
School		
Class		
Address		
Telephone		
Mothers name Home telephone Work telephone Mobile telephone Email		
Fathers name Home telephone Work telephone Mobile telephone Email		
Parent child normally resides with		
Other emergency contact Telephone Relationship		

Doctors Name Surgery name Surgery address													
Does your child have any medical conditions/ known allergies/ dietary needs that that club should be aware of?	Yes / No . Please give details.												
Religion.													
Emergency treatment consent.	I Do / Do not consent to any medical treatment that my child may need whilst in the care of The Childcare Club. Signed: _____ Print name- _____												
Named adults who will be collecting child.	<table border="0"> <tr> <td>1.</td> <td>Relationship:</td> </tr> <tr> <td></td> <td>Tel:</td> </tr> <tr> <td>2.</td> <td>Relationship:</td> </tr> <tr> <td></td> <td>Tel:</td> </tr> <tr> <td>3.</td> <td>Relationship:</td> </tr> <tr> <td></td> <td>Tel:</td> </tr> </table>	1.	Relationship:		Tel:	2.	Relationship:		Tel:	3.	Relationship:		Tel:
1.	Relationship:												
	Tel:												
2.	Relationship:												
	Tel:												
3.	Relationship:												
	Tel:												
Is there any other information you think we should be aware of?													
	Signed _____ Date _____ Print name _____												