



Sports • Education • Childcare

Registration Form – School's Out Clubs

Child's Details

Child's Full name	
Child's preferred name	
Gender	Male / Female
Date of birth	
Religion	
Ethnicity	
Language spoken at home	
Home telephone number	
Home address 1	
Home address 2	
City and Postcode	

Parent/Guardian Details

COLLECTION PASSWORD	
1st Contact Name	
Relationship to child	
Home address 1	
Home address 2	
City and Postcode	
Contact telephone number	
Email address	
Employers name	
Employers address	
Employers contact telephone no	
2nd Contact Name	
Relationship to child	
Home address 1	
Home address 2	
City and Postcode	
Contact telephone number	
Email address	
Employers name	
Employers contact telephone no	

Alternative Contacts*For use in emergencies – who can collect your child*

Name	
Address	
Contact telephone number	

Parental responsibility*Please delete as appropriate*

Mother / father / both / other (please specify)

Legal responsibility*Please delete as appropriate*

Mother / father / both / other (please specify)

Any named person who SHOULD NOT have legal access to your child?**Details of anyone else likely to collect your child?**

1: Name	
Contact telephone number	
2: Name	
Contact telephone number	
3: Name	
Contact telephone number	

Medical Details

Doctor's name	
Doctor's contact telephone no	
Allergies	
Current medications if any	
Dietary requirements/restrictions	
Additional needs we should be aware of	
Dietary requirements/restrictions	
Additional needs to be aware of	

Start date at the club

Payment options	Cash	Childcare Vouchers	Bacs
------------------------	------	--------------------	------

I have been issued with, have read, understood, and agree to the terms and conditions, and fees policy of Kickstart School's Out Club (please tick)

Parent/Guardian signature: _____ Date: _____

Please print name: _____