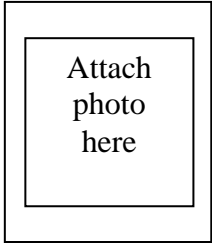




## After School Club Enrolment Form



**Name of Child:** ..... **DOB** ... / ... / ..... **Age** .....

**Which class is your child in at school** .....

**Names of parents / carers and relationship to the child**

.....  
.....

**Who has legal contact with the child and who has parental responsibility?**

.....

**Full address of every parent/ carer:**

.....  
.....  
.....

**Which of these parents or carers does the child normally live with?**

.....

**Emergency contact number of the parents /carers** (*please provide at least two numbers for each parent/ carer stating the name of the parent/carer and their contact number*)

.....  
.....  
.....

**Names of people authorised to collect your child and relationship to them**

.....  
.....

**Religion / family customs and beliefs**

.....  
.....

**Health and medical conditions** .....

.....

**Please give details of immunisations**.....

**Doctors name and contact**

.....

**Does your child have any special dietary requirements, preferences or food allergies?**

.....

.....

**Does your child have any other non food allergies? (*please give details including symptoms and last time he/she had a reaction*)**

.....

.....

.....

**Any Other Relevant Information**.....

.....

.....

**I give my consent for Greenfields to seek any necessary emergency medical advice or treatment in the future for my child.**

.

**Parent / carer signature**.....**Print name**.....

**Date** ...../...../.....

**Please create a password for your child; a password may be asked for when you have authorised another adult to pick up your child** -----