



# SQUIRREL'S DEN (AFTER SCHOOL CARE CLUB) - REGISTRATION FORM

Please return to the school office

CHILD'S NAME \_\_\_\_\_ CLASS \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_

PARENT(S) NAME (S) \_\_\_\_\_

TEL \_\_\_\_\_ (HOME) \_\_\_\_\_ (MOBILE) \_\_\_\_\_ (WORK)

REGULAR MEDICATION \_\_\_\_\_

*(eg asthma inhaler, epipen re allergies : should your child have either an inhaler or an epipen, we will require a separate one for use at the club—please ensure it is clearly labelled.*

ALLERGIES \_\_\_\_\_

FOOD LIKES / DISLIKES \_\_\_\_\_

*Please indicate any food likes or dislikes your child may have (see terms & conditions for the types of foods on offer for tea)*

EMERGENCY CONTACT 1 \_\_\_\_\_

EMERGENCY CONTACT 2 \_\_\_\_\_

DETAILS OF ANY OTHER ADULTS AUTHORISED TO COLLECT YOUR CHILD: \_\_\_\_\_

Please tick the days and indicate the times your child/ren will be attending:

Monday:

Tuesday:

Wednesday:

Thursday:

Friday:

I have read and understand the terms and conditions of Squirrel's Den

Signed \_\_\_\_\_ Date \_\_\_\_\_