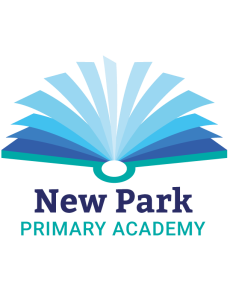
**New Park Primary Academy Before and After School Club**

**Registration Form**

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| --- |
| **Full Name of Child** **1.** ……………………………………………………………………… **Date of Birth**…………………..…………………………………  **Home Language** ……………………………………………………….  **Any known allergies, special needs, dietary needs or religious requirements**……………………………………………………………. |
| **Full Name of Child** **2.** ……………………………………………………………………… **Date of Birth**…………………..…………………………………  **Home Language** ……………………………………………………….  **Any known allergies, special needs, dietary needs or religious requirements**……………………………………………………………. |
| **Full Name of Child** **3.** ……………………………………………………………………… **Date of Birth**…………………..…………………………………  **Home Language** ……………………………………………………….  **Any known allergies, special needs, dietary needs or religious requirements**……………………………………………………………. |
| **Home Address**………………………………………………..………………………………………….. **Postcode**……………………………….…….………..  **Home Phone Number**………………………………………………………….. **Your Email Address**…………………………………..…………………. |
| **Name of people usually collecting your children**…………………………………………………………………………………………………………  **Relationship to child**..........................................................................................................................................................  **We need a password to be used if someone different needs to collect your child**…………………………………………………….. |
| **Emergency contact numbers in order in which you wish them to be used if we need to contact you.**  **1. Full name**…………………………………………………………………… **Relationship to child**……………………………….…………………………  **Place of work**………………………………... **Work phone number**………………………….. **Mobile number**……………….…………………..  **2. Full name**…………………………………………………………………… **Relationship to child**……………………………….…………………………  **Place of work**………………………………... **Work phone number**………………………….. **Mobile number**……………….…………………..  **3. Full name**…………………………………………………………………… **Relationship to child**……………………………….…………………………  **Place of work**………………………………... **Work phone number**………………………….. **Mobile number**……………….………………….. |
| **We need medical permission** for our qualified First Aiders to administer treatment and/or for the involvement of the emergency services.  **Yes/No (Delete and sign)………………………………………………………………………………………………………………….……………………..**  Please delete any preparations you do not wish them to use: **Elastoplast Micro pore Tape Antiseptic Wipes** |