

Sunbeam's After School Club



Registration Form

Child's name:

Address:

.....

Date of Birth:

Allergy / Food Intolerance:

Medication:

Medical Practice:

Surgery Contact Number:.....

Do you give consent for Emergency Medical Treatment? YES / NO

Parent/Carer contact details:

Name:

Contact Number 1:

Contact Number 2:

I give permission for the following person/s (over 18) to collect my child from the after school club:

1.

2.