



Registration Form for Explorers Out of School Club

Child Details

Name:	Current Year Group:	D.O.B:
Child's Doctor:	Doctor's Phone Number:	Doctor's Address:

Parent/Carer Details:

Name:	Name:
Relation to child:	
Home Address:	Home Address:
Telephone:	Telephone:
Work Address:	Work Address:
Telephone:	Telephone:
Mobile Number:	Mobile Number:
E-mail address:	E-mail address:

Mother / Father / Both Parents have legal responsibility (Please delete as appropriate)
Additional Information:

Additional Collections

If anyone other than the contact(s) above collects your child from Explorers Out of School Club please add their details below. For these additional persons, a password to collect the child is required.

Please inform the contact of this password.

Password: _____

Contact name:	Relationship to child:	Contact number
1		
2		
3		
4		

Medical and Dietary Requirements

Please specify any medical needs including details of medication

Please detail any known allergies

Please detail any dietary requirements

Please complete additional information for your child

All accidents and emergencies are entered via the medical tracker system.

I give permission for a member of staff to administer appropriate first aid if required Yes/No

I give permission for a member of staff to seek any necessary or emergency medical advice or treatment in the event that my child needs it. Yes/No

I understand that the information given on the registration form is confidential.

I will complete a new registration form if any of the above details change.

Signature of Parent/Carer.....Date:.....

Print name.....