

# Rosehill Out of School Club Registration Form

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All children who attend this club must be registered with us. Children will remain at the club until collected by the named adult registered with us. Please complete one form for each child, and complete both sides of form.

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Child's name in full: \_\_\_\_\_

Name known by: \_\_\_\_\_  
(If different from above)

Child's Address: \_\_\_\_\_  
\_\_\_\_\_

Date of birth: \_\_\_\_\_

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Name of parents or carers: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work No: \_\_\_\_\_ Mobile No: \_\_\_\_\_

Address (If different from child's): \_\_\_\_\_  
\_\_\_\_\_

Name of parents or carers: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work No: \_\_\_\_\_ Mobile No: \_\_\_\_\_

Address (If different from child's): \_\_\_\_\_  
\_\_\_\_\_

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## Emergency contacts if different from parent/carer above

1. Name \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work No: \_\_\_\_\_ Mobile No: \_\_\_\_\_

2. Name \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work No: \_\_\_\_\_ Mobile No: \_\_\_\_\_

**Contact details of person/s responsible for collecting your child**

Name & Phone No of person: \_\_\_\_\_  
collecting child from the club \_\_\_\_\_

Name & Phone No of second person: \_\_\_\_\_  
Who might collect child from the club \_\_\_\_\_

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**MEDICAL INFORMATION**

Details of child's Doctor  
Name & address & telephone no: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have any known  
medical problems ? (Please list): \_\_\_\_\_  
\_\_\_\_\_

Does your child have any known  
allergies (food or materials) : \_\_\_\_\_  
\_\_\_\_\_

I consent to my child receiving any emergency medical treatment necessary whilst attending the Care Club. **YES / NO**

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Signed ..... parent/carer)

Date .....