



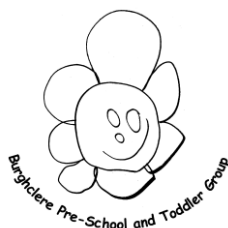
AFTER SCHOOL CLUB - ENROLEMENT FORM

The AFTER SCHOOL CLUB is registered to take children from YEAR 1 – YEAR 6

Please complete one form per child

Child's Name		
Date of Birth		
Address inc. postcode		
Contact e-mail address		
Home telephone		
Parent or guardian name(s), relationship to child and mobile number	Contact 1	Contact 2
Emergency contact person name		
Emergency person relationship to child		
Emergency person contact number		

In accordance to our policy, we are unable to refund any fees paid if we have to close due to an emergency.



AFTER SCHOOL CLUB – MEDICAL QUESTIONNAIRE

Please complete one form per child

Child's Name	
Date of Birth	
Address inc. postcode	

Does your child have any allergies? Yes No

If YES please specify _____

Does your child have a medical condition(s)? Yes No

If YES please specify _____

If your child may require any medication administering during their time at the after school club (i.e. inhales, anti- histamine, etc) please discuss directly with the after school club manager Juliann Heaver.

DOCTORS NAME:	
SURGERY:	
SURGERY ADDRESS:	
DOCTOR PHONE:	

Please return this form to the address above or hand to a member or member of staff at pre school.