

Honeybees After School Club



St Elizabeth Church Hall
Woodlane RM8 2NT
London

Mobile: 07791857173

Registration Form

Ofsted registration number:

Key Worker: _____ Date of Registration: _____

Child's Details

First name:	Surname:
Date of birth and age:	School attending: First language:

Parent/Guardian Details

First name:	Last name:
Home address:	
Mobile number:	Work No:
Email address:	
Does this person have parental responsibility? Yes / No	

Emergency Contact Details:

1. Name:	Contact number:
Address:	
Relationship to the child:	
2. Name:	Contact number:

Address:

Relationship to the child:

Child's Doctor

Name of Doctor:

Address:

Telephone:

About your child

Please detail any medical/special needs. (full details)

Please confirm that you give permission for emergency treatment to be administered. Yes () No ()

Please detail any dietary requirements/food allergies for your child (full details).

Do you give permission for your child to participate in club outings?

Yes () No ()

What are your child's favourite activities?

DAYS OF ATTENDANCE (Please tick)

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
AM	AM	AM	AM	AM
PM	PM	PM	PM	PM

Signature of Parent/Carer: _____ Date: _____

FOR OFFICE USE (Please tick)

FORM CHECKED	DEPOSIT RECEIVED	INDUCTION COMPLETED	KEY POLICIES ISSUED	CONTRACT SIGNED	KEY WORKER ASSIGNED
Staff Name:		Sign:		Date:	