

**MARSHBROOK FIRST SCHOOL
MARSHMALLOWS BEFORE AND AFTER SCHOOL CLUB**

Registration Form

Please be aware that completion of this form does not guarantee a place. We will write to you to confirm the hours we can offer. We will need a copy of your child's birth certificate before registration can be completed.

Surname of child..... **Forename:**

Middle name(s) **Chosen name:**

Date of Birth : **Gender (F/M)**

Address:**Post Code:**

Home Telephone No.**Mobile**

Main e-mail address

Medical Information

Name of Doctor Address:
.....

..... Telephone No.

Medical conditions, including any allergies:

.....

Who has parental responsibility for your child:

.....

Ethnicity

Ethnic origin : Home Language :

Religion :

Please indicate which sessions/hours you would like your child to attend

Monday Tuesday:

Wednesday Thursday

Friday

Preferred start date:

Signature(s) : Print : (Mr.Mrs.Miss.Ms)
(Parent/Guardian)

Emergency Contacts

Please give details of all persons who have any legal responsibility for this child and anyone else who could be contacted should an emergency arise when you are unavailable. Relation should be shown as Parent, Aunt, etc.

Contact Priority No:

1. Surname: Title Forename
.....

Day Tel. No. Day Place

Home Address: Post Code

Home Tel. No. Mobile

Parental Responsibility (Y/N) Relation to child:

2. Surname: Title Forename
.....

Day Tel. No. Day Place

Home Address: Post Code

Home Tel. No. Mobile

Parental Responsibility (Y/N) Relation to child:

3. Surname: Title Forename
.....

Day Tel. No. Day Place

Home Address: Post Code

Home Tel. No. Mobile

Parental Responsibility (Y/N) Relation to child:

Who will drop off and collect your child? (password if appropriate)

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I confirm that I have read and agree to the terms and conditions outlined in the information booklet.