



ST JOHN'S C OF E ACADEMY
COOL KIDS CLUB
REGISTRATION FORM



SURNAME:

FORENAMES:

DATE OF BIRTH:/...../.....

CLASS

HOME ADDRESS:

HOME TELEPHONE NO: **MOBILE**

NAME OF PARENT/CARER

DAYTIME EMERGENCY CONTACTS:

1. NAME: **RELATIONSHIP:**.....

TELEPHONE NO: **PLACE OF CONTACT:**

2. NAME: **RELATIONSHIP:**

TELEPHONE NO: **PLACE OF CONTACT:**

3. NAME: **RELATIONSHIP:**.....

TELEPHONE NO: **PLACE OF CONTACT:**

DOCTOR: **TELEPHONE NO:**

MEDICAL INFORMATION (ASTHMA, ALLERGIES ETC.)

*If there is an emergency, I give/do not give permission for my child to receive first aid or urgent medical treatment, including hospital treatment.

*I give/do not give permission for my child to take part in outdoor activities.

Signed Date

*Please delete as appropriate

Please inform us if someone other than the parent/carer name above will be collecting your child at the end of the afternoon session. Thank you.