

Benington After School Club

Registration Form

Name of Child	Date of Birth	Age
Home Address:		
Home Telephone:		
Parents Email Address:		
Ethnicity:		
Religion:		
Emergency Contact Details		
Name Parent/Carer1:	Primary Contact Number	Secondary Contact Number
Name Parent/Carer2:	Primary Contact Number	Secondary Contact Number
Medical Information		
Name of Doctor	Name and Address of Surgery	Telephone Number
Please give details of any allergies (eg hay fever, nuts, bee stings)		
Please give details of any medical conditions		
PASSWORD: To be given if anyone other than those named above are collecting your child.		
<i>I have read and confirm all of the information provided above as being accurate. I acknowledge that these details will remain on file and I will advise Benington Primary School of any changes as soon as possible.</i>		
Signed:	Print Name:	
Relationship to Child:	Date:	