



Chalkwell Hall Schools

AFTER SCHOOL CLUB REGISTRATION FORM

CHILD'S NAME:			
CLASS:			
DATE OF BIRTH:			
ALLERGIES:			
MEDICAL CONDITIONS:			
PARENT'S NAME:			
EMERGENCY CONTACT NO:	NAME	RELATIONSHIP	NUMBER(S)
GP NAME & NO:			

I hereby agree that in the event of an emergency the After School Club may call an ambulance for my child and my child may be taken for further treatment as necessary prior to either parent/carer being contacted.

Signature of Parent/Carer: Date:

I hereby agree to my child using the internet during club activities:

Signature of Parent/Carer: Date:

I give permission for my child's name to be used on club publications celebrating achievement.

Signature of Parent/Carer: Date:

I hereby agree to photographs of my child appearing in publications in the local press, on the school websites and in the school prospectus.

Signature of Parent/Carer: Date: