

DUNCHURCH WOOSH CLUB

Dunchurch Junior School, Dew Close, Dunchurch, Rugby, CV22 6NE

REGISTRATION FORM

Childcare Registration Date	Receipt No.
Child's Name	Date of Birth
School Attended	Class

Home Address	
Home Tel. No.	Mobile No.

Mother's Name	Tel No.
Work Address	Mobile No.

Father's Name	Tel No.
Work Address	Mobile No.

If someone other than a parent will have responsibility for leaving or collecting the child, please complete the following:

Their Name	Tel No.
Address	
Relationship to Child.....	Mobile No.

In case we cannot reach either parent in an emergency, please give the following information About an emergency contact, for example grandparent or neighbour

Their Name	Tel No.
Address	
Relationship to Child	Mobile No.
Name of Child's Doctor	Tel no.
Doctor's Address	

Please give any medical information, for example food and other allergies, details of current medication, tetanus injection/booster dates etc.

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Please give us any personal information which you think would be helpful to us.
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Please tick days and sessions required:-

	Morning 8.00am - 8.45am	Afternoon 3.30pm - 6.00pm [please state pick-up time]
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

The allocation of the requested places must be paid for and half a term's notice given if they are no longer needed.

AGREEMENT BETWEEN PARENT AND DUNCHURCH WOOSH CLUB

- One copy of this agreement to be kept by the parent and the original to be kept by Dunchurch Woosh Club.
- I have read the Dunchurch Woosh Club guidelines and agree to the conditions.
- I consent to my child receiving medical treatment in an emergency if I cannot be contacted.

PARENT'S SIGNATURE **DATED.....**

SIGNED **DATED.....**
(On behalf of Dunchurch Woosh Club)