



Pilgrim Pirates Registration Form

(Please complete one for each child)

Name of Child	Date of Birth
Name/Address of Parents/Carers to contact 1.	2.
Date of Registration	

Telephone Contact Information

Contact 1.....	Contact 2.....
Relationship to child.....	Relationship to child.....
Home:	Home:
Work:	Work:
Mobile:	Mobile:
Email:	Email:

Collecting Children

Persons authorised to collect your child from this after school provision in an emergency in addition to contacting parents:	
1. Name	2. Name
Relationship to child	Relationship to child
Tel Home:	Tel Home:
Work:	Work:
Mobile:	Mobile:

Child's Doctor

Doctor's Name:
Doctor's Surgery Address:
Surgery Tel:

Please turn over

Child's Health

1. Does your child suffer from allergies?	
2. Does your child have any special dietary requirements? E.g. Vegetarian	
3. Are you happy for your child to have a sticking plaster put on a cut if necessary?	

Outdoor play

I/we agree to my/our child being involved in activities out of doors.

Photo consent

I/we agree to my/our child being photographed during club activities.

Behaviour

I/we accept that the school's positive behaviour and anti-bullying policy applies to the After School Club.

Additional information about your child

Please list anything else you wish to tell us about your child which will enable them to have the best possible experience at the club:

Signature 1

Signature 2