

# HOLLINS WOOD *Childcare*

## REGISTRATION FORM FOR AFTER SCHOOL PROVISION

### CHILD'S DETAILS

Child's full name

Child's DOB

Sex

School child attends

### PARENT/GUARDIAN DETAILS 1

Your name (including title)

Relationship to child

Address

Home telephone no

Mobile telephone no

Work telephone no

E-mail address

### PARENT/GUARDIAN DETAILS 2

Your name (including title)

Relationship to child

Address

Home telephone no

Mobile telephone no

Work telephone no

E-mail address

**EMERGENCY CONTACT 1**

Name

Relationship to child

Address

Home telephone no

Mobile telephone no

Work telephone no

**EMERGENCY CONTACT 2**

Name

Relationship to child

Address

Home telephone no

Mobile telephone no

Work telephone no

**DOCTOR'S DETAILS**

Name

Telephone Number

Address

**DETAILS OF IMMUNISATIONS**

**KNOWN ALLERGIES**

**PLEASE INDICATE SESSIONS REQUIRED (Tick Appropriate box/boxes)**

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**DOES YOUR CHILD HAVE ANY SPECIAL DIETARY, MEDICAL OR EDUCATIONAL NEEDS?**

**CHILD'S ETHNIC ORIGIN/RELIGION**

**CHILD'S FIRST LANGUAGE**

To apply for a place a non-refundable registration fee of £20 is required. If we are unable to offer you the requested sessions we will refund the £20 reservation fee in full. Please make cheques payable to "Hollins Wood Childcare Ltd" and return it with this completed form. On receipt of your registration form we will contact you to arrange formalisation of the registration.