



## AFTERSCHOOL REGISTRATION FORM

<b>Name of Child</b>	_____	Date of Birth	_____ / _____ / _____
Address	_____	Teachers Name	_____
	_____	Class	_____

## PARENT / GUARDIAN DETAILS

<b>Name</b>	_____	<b>Name</b>	_____
Telephone	_____	Telephone	_____
Mobile Telephone	_____	Mobile Telephone	_____

## EMERGENCY CONTACT

<b>Name</b>	_____	Mobile Telephone	_____
Address	_____	Home Telephone	_____
	_____	Work Telephone	_____

## AUTHORISED PERSON(S) TO COLLECT CHILD

<b>Name</b>	_____	<b>Name</b>	_____
Telephone	_____	Telephone	_____
Mobile Telephone	_____	Mobile Telephone	_____
<b>Name</b>	_____	<b>Name</b>	_____
Telephone	_____	Telephone	_____
Mobile Telephone	_____	Mobile Telephone	_____

## ALLERGIES

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## TIME / DAYS YOU WISH TO CHOOSE

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PRINT NAME \_\_\_\_\_

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_