



Child Registration Form



School Attending:		Sch Yr Group		MAC Club requested (Nursery Plus, After Sch., Holiday):				
Surname:		First Name:		Middle Name:				
Date of Birth:		Boy:	Girl:	Legal responsibility (tick only if child's legal guardian):				
Home Address:			Postcode:					
			Home Phone:					
Mobile:		Email:						
Parent(s)/Guardian(s) Names: (PLEASE PUT FULL NAMES)								
<u>Emergency contacts – you MUST provide 3 contacts & all must be immediately contactable and live/work nearby</u>								
1 st person:		2 nd person:		3 rd person:				
Relationship:		Relationship:		Relationship:				
Work place:		Work place:		Work place:				
Work hours:		Work hours:		Work hours:				
Work phone:		Work phone:		Work phone:				
Collection Password (if child collected by anyone not listed here):								
Parental consent to these activities below (tick if YES – leave blank if NO):								
Outings	Minor Emergency Aid	Photographs	Plasters	Face Paint/Henna				
Doctor Name			Doctor Surgery's address					
Doctor phone number								
Tick any of the following <u>vaccinations</u> your child has had. IF UP-TO-DATE TICK THE BOX BELOW								
Measles	Mumps	Rubella	MMR 3 in 1	Diphtheria	HiB	Polio	Tetanus	UP-TO-DATE
Tick any of the following <u>illnesses</u> your child has had								
Chicken Pox	Measles	Mumps	Rubella	Whooping Cough	Scarlett Fever	Convulsions/Fits/Other		
Religion		Ethnic Origin		1 st Language				

Any special equipment and/or access needed?				
Any medical, specific, dietary information that staff will need to be aware of?				
Days Preferred – Please tick below				
Monday	Tuesday	Wednesday	Thursday	Friday
Please note – we cannot administer any paracetamol-containing medicine. Any other medication can only be administered if it has been prescribed by a doctor, in its original packaging and a club medication form has been filled out. Thank you.				
Please note for parents of KS2 children only – allowed to walk home with prior parental permission?				
YES			NO	
LIKES				
DISLIKES				
ANY OTHER INFORMATION				

I (parent/guardian name).....the parent/guardian of..... have read and agreed to abide by the terms & conditions set out in Millbrook Activity Club's policies and procedures.	
Sign	Date: