



Keystones

Before & After School Club

Registration Form All children who use Keystones must be registered with us.

CHILD INFORMATION:		Gender:	
Surname:		Forename:	Middle Name:
Address:			
Post Code:		Telephone number:	
Date of birth:			
Ethnic Origin:			
Home Language:			
Religion:			

PARENT INFORMATION:			
Surname: Ms/Miss/Mrs/Mr		Surname: Ms/Miss/Mrs/Mr	
Forenames:		Forenames:	
Address: (if different from above)		Address:	
Telephone No.:		Telephone No.:	
Mobile Telephone No.:		Mobile Telephone No.:	
Workplace:		Workplace:	
Telephone No.:		Telephone No.:	

CONTACT INFORMATION:			
Name and address of persons collecting child from if different from above and persons to be contacted in an emergency if we are unable to contact parents.			
Surname: Ms/Miss/Mrs/Mr		Surname: Ms/Miss/Mrs/Mr	
Forename:		Forename:	
Address:		Address:	
Telephone No.:		Telephone No.:	
Mobile Telephone No.:		Mobile Telephone No.:	
Workplace:		Workplace:	
Telephone No.:		Telephone No.:	
Relationship to child:		Relationship to child:	



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MEDICAL DETAILS:	
Name of child's doctor:	
Address of child's doctor:	
Telephone Number:	
Does your child have any known medical problems? Please state:	
Does your child have any known allergies or major dislikes (i.e. foods/materials)	
Any other relevant information about your child you may wish to share with us:	

I consent to any emergency medical treatment necessary during my child's time at Keystones . I authorise Keystones staff to sign any written form of consent required by the hospital authorities if the delay in getting my signature is considered by the doctor to endanger my child's health and safety.

Yes

No

Signed.....(parent/carer)

Date:

Please hand in your completed registration form to the school office.

