



LOWBROOK ACADEMY AFTER SCHOOL CLUB - REGISTRATION FORM

First Name	Surname	What s/he likes to be called
Date of birth - Current Age	First Language	

Parent/Caregiver Details

Title	First Name	Surname	Title	First Name	Surname
Home Address			Home Address		
Does the child normally live here			Does the child normally live here		
Work Address:			Work Address:		
Home Number	Mobile Number	Work Number	Home Number	Mobile Number	Work Number

Emergency Contact Details (Please provide details of 2 people we can contact if we are unable to get hold of you).

Name	Telephone Number	Mobile Number
Relationship to Child		
Name	Telephone Number	Mobile Number
Relationship to Child		
Password for collection by an authorised person		

About your child

Please detail any dietary requirements/food allergies for your child
Is there anything your child does not like or is scared of? E.g. food, games etc.
What does your child enjoy playing with?

Parent/Caregiver signature:

Date: