

## TIGERZ AFTER SCHOOL CLUB REGISTRATION FORM - 2011

Child's Name:		D. O. B.:
		Age:
Address:		Tel. No.:
		Mobile:
School Attended	Class:	Teacher:
<b>Place of Work</b>	Parent/Carer 1	Parent/Carer 2
Address:		
Tel. Nos.:		
	Mobile:	Mobile:
<b>PLEASE NOTE: IF MOBILE NUMBERS ARE GIVEN, ENSURE THAT THEY ARE SWITCHED ON AND THAT YOU CAN BE CONTACTED</b>		
In the event of an emergency, and you cannot be contacted, please can you give us another two contacts		
Name:	1	2
Relationship:		
Address:		
Tel. No:		
Any other family members registered	Names	Ages
<b>Are there any medical details which would be in your child's interest for the play leaders to know, eg. allergies, regular medication, the way in which illness affects your child etc</b>		
Name of child's Doctor		Address
Tel. No.:		
Who will collect your child from club; Please state who they are:		
<b>Who you do NOT wish to collect your child;</b> Please give staff photo if possible so they are aware of who cannot pick the child up		