St Aloysius After-schools Registration Form 2024/2025

Child		1		Child 2	12			Child 3					
Surname													
Forename	e												
	ne likes to be												
called													
Date of B													
Class/Teacher													
Name of Applicant Parental/Guardian Information													
Parental/G	duardian In	itormation											
Title:	Title: First name:		Surname			Title:	First name:			Surname			
							Harra address of the						
Home add	iress:					Home address (if different):							
Dana this s	ا مصور ما الماء		:	2 V / N-									
Does this c	child normal	ly live at thi	is address:	res / No		Does this child normally live at this address? Yes / No							
Work add	ress:					Work ac	dres	s:					
Home nur	mber:	Mobile nun	nber:	Work nu	mber:	Home number: Mobile number: Work number:					Work number:		
Email add	lress:					Email address:							
Does this person have parental responsibility? Yes / No							Does this person have parental responsibility? Yes / No						
Does anyor	ne else have	parental re	esponsibili	ty for this o	child? Yes /	No (If yes	, pleas	se provide	details ove	rleaf.)			
Emergency	Contact D	etails (nlea	se nrovide	details of ty	vo neonle we	can contact	if we	are unahl	e to get ho	ld of you)			
Emergency Contact Details (please provide details of two people we 1. Name:						phone nur				Mobile number:			
1. Name.			1000	Repriorie number.			7110	DIC HUITD	C1.				
Address:									Rel	Relationship to the child:			
2. Name: Telep						phone nur	nber		Mo	Mobile number:			
۸ ما ما سه									D-1	ationabi-	to the child:		
Address	•								Kel	ationship	to the child:		

Medical Details	<u>i</u>			Known	Known medical conditions, allergies, special dietary and							
Name and Addr	ress of doctors			health	health needs: Yes No							
Name and Addi	ess of doctor.			Give de	Give details;							
				Give a	,							
				Details	Details of any medication being used:							
Postcode:												
Telephone num	her:			F	Emanage of Charles the control of th							
					Emergency: Should there be an emergency, do we have your consent to bring your child to hospital?							
				Yes/No		3,						
All and a second of												
About your chi		doorn't lile	(food games	ata) an :	arad af							
Is there anything your child doesn't like (food, games etc) or is scared of?												
What are your	child's favou	rite activitie	es?									
	T											
	2-3pm Name of	Class	3-4pm Name of	Class	4-5pm Name of	Class	5-6pm Name of	Class				
	child/ren		child/ren		child/ren		child/ren					
Monday												
Tuesday												
,												
Wednesday												
Thursday												
Friday												

After-Schools Consent Form 2023/24

Please CIRCLE the following statements as appropriate and sign below: I give permission for my child's photograph to be taken. Yes No I give permission for my child's photograph to be used for publicity purposes, such as local press. Yes No I give permission for my child to travel with the club when required e.g. pre-arranged outings (all outings will have correct ratio and risk assessed). No Yes I give permission for staff to apply a plaster as required. Yes No Child/ren's Name: Class:

Parent/Guardian's Signature: