

SLALEY FIRST SCHOOL BEFORE AND AFTER SCHOOL CLUB

MEMBERSHIP REGISTRATION

<u>Name</u>		Date of Birth		<u>Class</u>	
<u>Address</u>		Contact Name 1 2		Telephone Number	
Postcode:					
<u>Allergies</u>		Dietary Requirements			
Pick up Procedure					
Name 1		<u>Tel No</u>		Relationship	
Name 2		<u>Tel No</u>		Relationship	
<u>Password</u>		Password will be required if a different adult collects child			
Doctor:		Surgery contact details			
Medical Requirements					
ADDITIONAL INFORMATION					

Children will not be able to use the club unless this paperwork is in place.