WOODY'S WRAP AROUND CARE CLUB
REGISTRATION FORM

Child's Details

First Name:	Last Name:	Known as:
Date of Birth and Current Age:	First Language:	**Date of Registration:**

Parent/Carer Details

Title:	First Name:	Last Name:	Title:	First Name:	Last Name:
Home Address:			Home Address:		
Does this child normally live at this address? **Yes / No**			Does this child normally live at this address? **Yes / No**		
Work Address:			Work Address:		
Home Number:	Mobile Number:	Work Number:	Home Number:	Mobile Number:	Work Number:
Email Address:			Email Address:		
Does this person have parental responsibility? **Yes / No**			Does this person have parental responsibility? **Yes / No**		
Does anyone else have parental responsibility for this child? **Yes / No** *(if yes, please provide details overleaf)*					

Emergency Contact Details *(please provide details of two people we can contact if we are unable to get hold of you)*

Name:	Telephone Number:	Mobile Number:
Address:		Relationship to Child:
Name:	Telephone Number:	Mobile Number:
Address:		Relationship to Child:

Child's Doctor

Name of Doctor:	
Address:	Telephone:

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About Your Child

Please detail any additional / special needs your child has: *(please provide full details)*
Please detail any dietary requirements / food allergies for your child: *(please provide full details)*
Is there anything your child doesn't like (food, games, etc.)?
What are your child's favourite activities?

Important:
Please provide a password to be used if an alternative adult will be collecting: _____

Signed: _____ Parent/Carer **Date: _____**

Print Name: _____