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**Sundown After School Club**

Registration form

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| --- | --- | --- | --- |
| Name |  | Date of Birth |  |
| Home address |  |
| Name of parent/guardian |  |
| Daytime tel no |  | Mobile No |  |
| Emergency contact name (1) |  | Tel no |  |
| Emergency contact name (2) |  | Tel no |  |
| Doctors name |  | Tel no |  |
| Details of any special needs |  |
| Medical conditions, allergies and medication |  |
| Dietary needs |  |

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| **I confirm that I have read a copy of the Terms and Conditions and agree to abide by them.**  |
| **Parent/guardian signature** |  | Date |  |
| **Name of parent/ guardian (printed)** |  |

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| --- |
| Names of people authorised to collect your child/children from Sundown After School Club  |
| **Person 1** |  |
| **Person 2** |  |
| **Person 3** |  |
| **Person 4** |  |

