

Tick if EYFS child

# BOWERHAM KIDS' CLUB

## Registration Form

### Child's Details

### Date of Registration:

First name:	Surname:	What s/he likes to be called:
Date of Birth and Current Age:	School attended: First language:	Key worker's name:

### Parent/Guardian details (Please inform us if either parent does not have legal parental responsibility)

Title:	First name:	Surname	Title:	First name:	Surname
Home address:			Home address (if different):		
<input type="checkbox"/> Tick if child normally lives at this address			<input type="checkbox"/> Tick if child normally lives at this address		
Work address:			Work address:		
Home number:	Mobile number:	Work number:	Home number:	Mobile number:	Work number:
Email address:			Email address:		

### Alternative 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 the child:
Name:	Telephone number:	Mobile number:
Address:		Relationship to the child:

### Details of child's doctor

Name of Doctor:	
Address:	Telephone:

### 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) or is scared of?

What are your child's favourite activities?

Signature of Parent/Carer

Date:

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Please fill this form out and return it to Suzannah Keeves either in person or email it to [hello@bowerhamkidsclub.co.uk](mailto:hello@bowerhamkidsclub.co.uk)

For more information and to see our policies please go to [www.bowerhamkidsclub.co.uk](http://www.bowerhamkidsclub.co.uk)