



Mariners Afterschool Care

Registration Form

Child Details	
Name:	Home Address:
Name known by:	
DOB:	Postcode:
Age:	Home Tel:
Sex:	Email:

Person with parental responsibility	
Person 1 Details:	Person 2 Details:
Name:	Name:
Occupation:	Occupation:
Employers Name:	Employers Name:
Work Address:	Work Address:
Work Tel:	Work Tel:
Mobile:	Mobile:
Email:	Email:

Doctor Details	
Doctors Name:	Health Visitor:
Address:	
Tel Number:	Tel Number:
Other professionals involved:	
Any health problems, medical required or SEN:	



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Further Child Details							
Diphtheria	HIB	MMR	Meningitis C	Polio	Tetanus	Whooping	B.C.G

Allergies _____

Diet _____

Attendance Patterns


Days Attending (please circle)				
Mon	Tues	Wed	Thurs	Fri


Start Date: _____

End Date: _____

Other contacts in case of emergency

		Auth to pick up?
1.	Tel:	<div></div>
	Mobile:	
	Address:	

2.	Tel:	
	Mobile:	
	Address:	

3.	Tel:	
	Mobile:	
	Address:	

Who is NOT allowed to pick your child/ren:

Name:	
1.	
2.	

Relevant Information about your child	
Name of family pet:	Name of any significant adults in your child's life other than parents:
Type of Animal:	Their relationship to child:
Favourite toys/activities?	Does your child have a soother?
Favourite food?	Does your child have any special needs?
Any other details might be helpful for staff to know:	
Does your child need any additional support?	

Date privacy – consent for collection and usage of your personal data

I have read the services privacy notice, and I understand the reasons for requesting the personal information sought about myself and my child in this registration form.

I consent to the collection and processing of the data given, for these purposes by Mainers Afterschool Care.

I understand that I can request a copy of this information and revise or withdraw my consent by contacting the service at any time.

Parent/Guardian Signature (1): _____

Parent/Guardian Signature (2): _____

Manager/Designated Persons Signature: _____

Date: ____/____/____