Loxley After School Club Registration Form

For bookings and queries or to request a Parent Handbook please contact Becky on

t: 07816 278 203

e: loxleyafterschoolclub@hotmail.co.uk

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First name:			Surname:			Likes to be called:				
Date of birth: School			School:				Key Person:			
First language: Start date:										
Parent/(Guardian	details						I		
Title:	First Nar		Surname	e: Title: First name: Surname			2:			
Relation	Relationship to child:					Relationship to child:				
Home a	ddress:					Home a	ddress:			
Does thi	Does this child normally live at this address? Y/N				Does thi	s child no	rmally live	e at this a	ddress? Y/N	
Home n	umber:	Mobile	number:	Work num	ber:	Home n	Home number: Mobi		number:	Work number:
Email:						Email:				
cman:						Linan.				
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^{**}Please return completed forms to LASC in person, or by email to: loxleyafterschoolclub@hotmail.co.uk**

About your child			
Please detail any additional/	special needs your child has (cont	tinue on additional sheet	if necessary):
Please detail any dietary req	uirements / food allergies your ch	nild has <i>(continue on add</i>	litional sheet if necessary):
Is there anything your child o	doesn't like / is scared of?		
What are your child's favour	ite activities?		
Permissions			
Do you give permission for v	our child to visit the Robin Hood \	Nood area whilst attendi	ing? Y/N
	child having face paint whilst atte		Y / N
· · · · · · · · · · · · · · · · · · ·	child having transfer 'tattoos' wh		Y / N
	ographs being taken of your child		Y / N
	who you would like to autho	-	
Full Name	Name they are called by child	Relationship to child	Contact number
Additional information you	ı would like to provide		
Signature of Parent/Carer:		Date:	

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