

# Twilight Hours Out of School Club

## Registration Form

### Child's Details

### Date of Registration:

First Name:	Surname:	What s/he likes to be called:
Date of Birth:	School attended:	First language:

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

Title:	First Name:	Surname	Title:	First Name:	Surname:
Relationship to child:			Relationship to child:		
Home Address			Home Address:		
Work Address:			Work Address:		
Home Number	Mobile Number	Work Number	Home Number	Mobile Number	Work Number
Email Address:			Email Address:		

### Alternative emergency contacts (please provide details of two LOCAL people we can contact if we are unable to get hold of you)

Title:	First Name:	Surname	Title:	First Name:	Surname:
Home Address			Home Address:		
Home Number	Mobile Number	Work Number	Home Number	Mobile Number	Work Number

### Other persons authorised to collect the child from Twilight Hours

Title:	First Name:	Surname	Title:	First Name:	Surname:
Home Address			Home Address:		
Home Number	Mobile Number	Work Number	Home Number	Mobile Number	Work Number

### About your child

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:

\_\_\_\_\_

\_\_\_\_\_

This policy was adopted by: <a href="#">Twilight Hours ASC</a>	Date:	Policy No: <a href="#">RF 002</a>
To be reviewed:	Signed:	
Policy Name: <a href="#">Registration Form</a>	Signed:	