

Tick if EYFS child

Current year group



Helsby Link Club Registration Form

Secret Password:

(to be used by person not known to club collecting child).

Child's Details

Date of Registration:

First name:	Surname:	What they like to be called:
Date of birth and current age:	School attended: First language:	Name of key person:

Parent/Guardian details

Title:	First name:	Surname	Title:	First name:	Surname
Home address:			Home address (if different):		
Does this child normally live at this address? Yes / No			Does this child normally live at this address? Yes / No		
Work address:			Work address:		
Home number:	Mobile number:	Work number:	Home number:	Mobile number:	Work number:
Email address:			Email address:		
Does this person have parental responsibility? Yes / No			Does this person have parental responsibility? Yes / No		
Does anyone else have parental responsibility for this child? Yes / No <i>(If yes, please provide details overleaf.)</i>					

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:

Child's Doctor

Name of Doctor:	
Address:	Telephone:

Child's Medical information

Please detail any medical needs your child has/medication taken: (please provide full details, if medication is needed an additional medication consent form will need to be completed)
Please detail any known allergies, including symptoms and treatment:
Please detail any dietary requirements/food allergies including symptoms and treatment:
Please detail any additional/special needs your child has:
Any other information relevant to your child's health:

Information about your child to help them enjoy Link Club.

Is there anything your child doesn't like (food, games etc) or is afraid of?

What are your child's favourite activities?

Payment information

We will invoice via CWAC unless you advise us you are using either the government tax free scheme (reference number required) or childcare vouchers through your employer.

Please tick one box below

CWAC

Tax Free Scheme

Childcare voucher employer scheme

Session requirements

Please tick below what sessions you require.

Monday AM PM

Tuesday AM PM

Wednesday AM PM

Thursday AM PM

Friday AM PM

Ad hoc (at least 24 hours' notice)

I have received and read a copy of Helsby Link Club policies.

Signature of Parent/Carer

Date:

All information will be kept confidential in line with our [Data Protection Policy](#) and our [Privacy Notice](#).