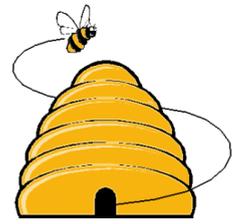


# ST. BERNADETTE'S BEEHIVE OUT OF SCHOOL CLUB REGISTRATION FORM



**CHILD'S DETAILS**

First Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Gender: Girl  Boy

Date of Birth: \_\_\_\_\_

First Language: \_\_\_\_\_

Home Address: \_\_\_\_\_

**PARENT/GUARDIAN DETAILS**

Title: \_\_\_\_\_

Title: \_\_\_\_\_

First Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Surname: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Home Telephone No: \_\_\_\_\_

Home Telephone No: \_\_\_\_\_

Mobile No: \_\_\_\_\_

Mobile No: \_\_\_\_\_

Work No: \_\_\_\_\_

Work No: \_\_\_\_\_

Do you have parental responsibility?: Yes  No

Do you have parental responsibility?: Yes  No

**EMERGENCY CONTACT DETAILS**

(Please provide details of two people we can contact if we are unable to get hold of you)

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

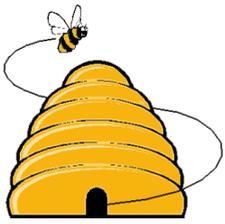
Relationship to Child: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

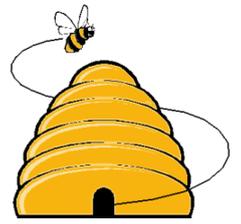
**ADULTS WHO HAVE PERMISSION TO COLLECT YOUR CHILD FROM CLUB**

Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_



**ST. BERNADETTE'S  
BEEHIVE OUT OF SCHOOL CLUB  
REGISTRATION FORM**



**ABOUT YOUR CHILD**

**Please detail any medical conditions your child has:**

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**Please detail any additional/special needs your child has:**

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**Please detail any dietary requirements/food allergies your child has:**

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

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**I give consent for my child to be photographed in club for display/craft/newsletter purposes:**

**Yes**                       **No**

**I understand that any member of staff who suspects that a child in their care may have been abused/neglected has a duty of care to report this immediately to the School's Safeguarding Lead.**

**Yes**                       **No**

**Signature of Parent/Guardian:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_