



After School Care Child Details Form

Please note that your child cannot be left at the club without this form being completed and authorised by a member of staff.

Childs Name/Class	
D.O.B	
Parent/Carer Name & Contact Number	
Emergency Contact 1	
Emergency Contact 2	
Allergy Information	
Medical Information	
Who will your child be collected by usually?	
Parent Name _____ Parent Signature _____ Date _____	Staff Member Signature _____ Date Authorised _____