

# Registration Form



Which service/services do you require?

- Breakfast Club
- Afterschool Club
- Holiday Club

## Child's Details

First name:	Surname:	DOB and current age:
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## 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		

## 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:

## About your child

Please detail any additional/special needs your child has: (please provide full details)

Please detail any dietary requirements / food allergies for your child: (please provide full details)

## Permission to administer medicine

I give permission for Footsteps 4 Life to administer medicine when needed:

- Yes
- No

## Permission to take pictures

During their time at Footsteps 4 Life we may take pictures to advertise our club.

*I grant permission for images of my son or daughter to be used for the following purposes:*

- Social Media (Instagram and Facebook)
- Website
- Club Advertising
- Posters

Signature of Parent/Carer

Date: