

# Registration Form



Please complete registration details for each child attending Portway Junior School After School Club – PortwayPlus+.

Child's Details	
Child's Name:	DOB:
Home Address:	Home telephone no:
Postcode:	
Parent Email Address:	
Medical conditions or allergies/intolerances:	
Medication Y/N If yes please complete a separate Individual Health Care Plan.	
Other comments/information:	

Contact Details			
In the event of an emergency or your child being ill please ensure we have <u>up-to-date</u> contact details.			
<b>1<sup>st</sup> Emergency Contact</b>	Relationship to child:		
Mr/Mrs/Miss/Ms	First name:	Surname:	
Home no:	Work no:	Mobile no:	

<b>2<sup>nd</sup> Emergency Contact</b>	Relationship to child:		
Mr/Mrs/Miss/Ms	First name:	Surname:	
Home no:	Work no:	Mobile no:	

<b>3<sup>rd</sup> Emergency Contact</b>	Relationship to child:		
Mr/Mrs/Miss/Ms	First name:	Surname:	
Home no:	Work no:	Mobile no:	

Consent			
I give permission for photographs of my child to be used in school, in Hampshire publications and local newspapers.	<input type="checkbox"/>	YES	<input type="checkbox"/> NO
If it is considered necessary, do you agree to mild painkillers (eg Calpol or paracetamol) being administered?	<input type="checkbox"/>	YES	<input type="checkbox"/> NO

Signed:	Parent/carer	Date:
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