



Durham Lane Primary School Childcare Clubs Registration

Name(s) of child/ren:

DOB:

.....

DOB:

.....

DOB:

Parent/Carer Name:

Date:

Signed:

First Emergency Contact	Relationship to child	Telephone: Home Mobile Email:
Second Emergency Contact	Relationship to child	Telephone: Home Mobile Email:
Third Emergency Contact	Relationship to child	Telephone: Home Mobile
Does your child have any medical needs?		Medication required
Does your child have any Special Educational Needs?		Support required?
Does your child have any allergies?		Medication required?
Does your child have any Dietary needs?		Dietary needs

Please give the names of Adults who you authorise to collect your child

Name: Relationship to child:	
Name: Relationship to child	

Password (not child's name)