



TROTTS HILL AFTER SCHOOL CLUB
REGISTRATION FORM

Child's Full Name

Date of Birth

Emergency Contact Details
(Name/Telephone Numbers)

Medical Details:

Does your child have any medical problems?

Yes/No

If yes, please provide details below, with any special requirements:

I consent to any emergency medical treatment necessary during my child's attendance at Trotts Hill After School Club.

I agree to abide by the Terms and Conditions of Trotts Hill After School Club, which I have read and understood and am aware of additional charges in the event of late collection.

Signed _____ Date _____
Parent/Carer