PAWS CLUB

Registration form September 2025-July 2026

Child’s details:

|  |  |  |
| --- | --- | --- |
| First name: | Surname: | Name child likes to be called: |
| Date of birth: | Current age: | First language: |

Parent/carers details:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Title: | First name: | Surname: | Title: | First name: | Surname: |
| Home address: | Home address: (if different) |
| Does the child normally live at this address? Yes/no | Does the child normally live at this address? Yes/no |
| Home number: | Work number: | Mobile number: | Home number: | Work number: | Mobile number: |
| Email address: | Email address: |
| Does this person have parental responsibility for this child? Yes/no | Does this person have parental responsibility for this child? Yes/no |

Emergency 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 child: |

|  |  |  |
| --- | --- | --- |
| Name: | Telephone number: | Mobile number: |
| Address: | Relationship to child: |

Child’s doctor:

|  |  |  |
| --- | --- | --- |
| Name of doctor: | Doctors address: | Telephone number: |

About your child:

|  |
| --- |
| Please detail and additional/special needs your child has: |
| Please detail ant dietary requirements/food allergies your child has: |
| Does your child have any fears? Is there anything we should know about your child? |
| What are your child’s favourite activities or types of games and toys to play with? |
| My child requires breakfast club/afterschool club/both? |

Permissions

I give permission for my child to receive medical treatment from a first aid trained staff member.

|  |  |
| --- | --- |
| Signature: | Date: |

I give permission for staff to contact emergency services if required

|  |  |
| --- | --- |
| Signature: | Date: |

I give permission for my child to have a plaster applied if needed

|  |  |
| --- | --- |
| Signature: | Date: |

I give permission for my child to have face paint applied at paws club

|  |  |
| --- | --- |
| Signature: | Date: |

I give permission for my child to watch PG rated films at the discretion of PAWS staff

|  |  |
| --- | --- |
| Signature: | Date: |

I give permission for my child to have their photo taken to be displayed within PAWS club.

|  |  |
| --- | --- |
| Signature: | Date: |

I give permission for my child to have their phot taken to be displayed on the schools website

|  |  |
| --- | --- |
| Signature: | Date: |

I understand that if permission has been given my childs photo may continue to be on display after they have left PAWS club

|  |  |
| --- | --- |
| Signature: | Date: |

I give permission for information about my child to be shared with their class teacher.

|  |  |
| --- | --- |
| Signature: | Date: |