PAWS CLUB

Registration form September 2026-July 2027

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: