Tick if EYFS child ☐

DAWNUNTILDUSK
BEFORE, AFTER SCHOOL & HOLIDAY CLUB

REGISTRATION FORM

Child's Details
Date of Registration:

*First name:	*Surname:	What s/he likes to be called:
*Date of Birth:	*Class Name:	*Password for child collection :
First Language:	Ethnicity:	Religion:	Name(s) Sibling(s) if attending:

Parent/Guardian details

*Title:	*First name:	*Surname

*Is your child a looked after child? Yes / No

*Do you have parental responsibility for the child? Yes / No *If No do you have legal responsibility for this child? Yes / No

*Home address:

Postcode: ☐ Tick if child normally lives at this address

Work address:

*Home number:	*Mobile number:	*Work number:

*EMAIL ADDRESS:

Childcare Voucher Provider:

Alternative emergency contact details

Name:	Telephone number:	Mobile number:
Address: Postcode:		Relationship to the child:
Name:	Telephone number:	Mobile number:
Address: Postcode:		Relationship to the child:

I give my authorisation for the following people to collect my child from Dawn Until Dusk:

1.

2.

3.

Details of child's doctor

Name of Doctor:

Address: Postcode:	Telephone:

About your child

Please detail any medical/additional/special needs your child has: (please provide full details)

Please detail any dietary requirements/ food allergies for your child: (please provide full details)

Is there anything your child doesn't like (food, games etc) or is scared of?

What are your child's favourite activities?

* INFORMATION MARKED WITH A STAR (*) IS ESSENTIAL INFORMATION TO BE PROVIDED