



College Road
Primary School

College Road Primary School
After school club registration form

Childs name:	
Year group:	
Name of parent/carer:	
Medical conditions:	
Special dietary requirements/allergies:	
Authorised pickup:	Name: Telephone:
Authorised pickup:	Name: Telephone:
Authorised pickup:	Name: Telephone:
Any other comments:	
Emergency telephone number:	

I give permission for my child to attend after school club and I also give permission for my child to be administered first aid in the event of an emergency.

Parent/carer signature: _____ date: _____