



## Registration Form

Action Children's Club

Action Youth Club

*(Each Child must fill in a personal form)*

### Child's Details

First name:	Surname:	What s/he likes to be called:
Date of birth and current age:	Class	Child's School:
Village:	Estimated Walking time to club	What does the child enjoy doing? 1- 2-

### Parent/Guardian details

Mother /Grandmother (Whether near or far)			Father/Grandfather (Whether near or far)		
Title:	First name:	Surname	Title:	First name:	Surname
Home address:			Home address (if different):		
Does this child normally live at this address? Yes / No			Does this child normally live at this address? Yes / No		
Home number:	Mobile number:	Work number:	Home number:	Mobile number:	Work number:
Email address:			Email address:		
Does this person have parental responsibility? Yes / No			Does this person have parental responsibility? Yes / No		
Does anyone else have parental responsibility for this child? Yes / No If yes, please provide details on separate sheet.)					

### Emergency Contact Details (please provide details of one person we can contact if we are unable to get hold of you)

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

## Child's Doctor

Name of Doctor:	
Address:	Telephone:

## About your child

Please detail any 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? 1- 2- 3- 4- 5-

Signature of Parent/Carer

Date:

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### FOR OFFICIAL USE ONLY

Date Application received	Received by
Date Application approved	Approved by
Date the child is to start the club	Which Weekend Club (Saturday/Sunday)