



REGISTRATION FORM

Childs Full Name

Name to be used at Club

Date of Birth

Gender

School Attended

Ethnicity

Religion (if any Language Spoken)

Names of Parents/Carers

Home Address

Home Telephone Number

Mobile Number

Parents/Carers Place of Work

Parents/Carers Daytime Telephone Number

Other Emergency Contact Details

Names of Persons Authorised to collect your child (including contact numbers):

Continues over



1 Ings Crescent, Guiseley, Leeds, West Yorkshire LS20 8DD

Tel: 01943 878354 email: info@eyespyclub.co.uk web: www.eyespyclub.co.uk

Registered in England & Wales No. 4914869



Doctor's Name: _____

Doctor's Address/Telephone Number: _____

Health Visitors Name/Telephone Number (if applicable): _____

Details of any Significant Health Issues: _____

Details of any Special Dietary Requirements (Allergies etc.): _____

Record of Immunisations (including dates): _____

Do you consent for members of staff at the Club to apply sun cream to your child in hot conditions?
Yes / No

Any other relevant information: _____

I hereby consent for my child to take up a place at this Club, according to the terms and conditions set out in its policies and procedures. I have understood the expectations and obligations relating to both myself and the Club, and agree to abide by them.

I understand that persistent late or non-payment of fees will jeopardise my child's continued attendance at the Club.

I confirm that the information given above is correct, and I promise to contact the Manager as soon as any of the details change.

Signature of Parent/Carer: _____ Date: _____

Any comments please get in touch with the Manager.

