



PILI PALA AFTER SCHOOL CLUB

Registration Form

Childs Information

Name of child

Address

D.O.B.

Home Telephone Number

Parents Information

Parents Names

Parents Address (if different from above)

Home Number

Work Numbers

Emergency Contacts Name and Address

Emergency Contacts Number

Emergency Contacts Name and Address

Emergency Contacts Number

Has your child been immunised against the following- (Please tick for yes)

Diphtheria

Whooping cough

Tetanus

Polio

Measles

Does your child have any allergies, dietary requirements or religious beliefs that we will need to know in order to support their individual needs?

Signed(Parent/ Carer) **Date:**.....

Print Name