



Leavesden Green JMI School and Nursery
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T: 01923 484340 F: 01923 484341

AFTER SCHOOL CLUB

REGISTRATION FORM

Child's Full Name _____ Class _____ Date of Birth _____

Full Address _____

First Contact

Parent/Carers Name _____ Contact number/s _____

Second Contact

Parent/Carers Name _____ Contact number/s _____

Medical History

	Yes	No	Full Details
Allergies			
Asthma			
Eczema			
Convulsions/Seizures			
Heart condition			
Diabetes			
Any other conditions			

Is the child normally healthy? Yes No

If no give details _____

Are there any problems of hearing or sight? Yes No

Does your child have any allergies? Yes No

If yes give details _____

OTHER INFORMATION

Is your child vegetarian? Yes No

Do your child have any special dietary requirements? Yes No

If yes give details _____

Parent Declaration

I understand that there will be no refunds for any pre-booked sessions that are missed for any reason.

I declare that I have read and understood all the conditions of the After School Club and accept the conditions of booking and provided the club with all the relevant information in connection with my child/ren.

Signed _____ Date _____

Name _____

CHILDREN'S REGISTRATION FORM

Name _____ Class _____

I will abide by the rules of the After School club and will treat the staff and my peers with respect and use good manners at all times.

If I do not follow the rules my parents may be asked to collect me immediately with no refund.

My best friend is _____

I have a pet _____ called _____

My favourite game is _____

My favourite food is _____

I have _____ brothers and _____ sisters. They are called _____

The food I dislike the most is _____

Child's signature _____ Date _____

Name _____