

Narborough C of E Primary Academy Before School Care Registration Form

Please complete the form prior to making bookings. Completed forms should be returned to the office.

Name of child:	D.O.B.
Address:	
Postcode:	

Any medical needs (Please include any dietary requirements):
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Contact Telephone Numbers: Parents/Carer

Name	Relationship To The Child	Mobile	Work	Home

Emergency Contacts – to be contacted if parents are unavailable

Name	How known to the child (e.g. relative, family friend, neighbour)	Mobile	Work	Home

I/We consent for emergency medical treatment for my/our child, including surgery and/or general anaesthetic, if certified necessary by a doctor and if I/we cannot be contacted on the emergency numbers provided in time.

Doctor's Name:	Surgery:
Address:	
Postcode:	
Telephone Number:	

Print _____ Sign _____

Date _____