YMCA Portsmouth

After School Club Registration Form

Child's name: Male/Female (please circle) Date of birth: ____ / ____ / _____	Parent/carer(s) full names: Child's usual address*:
Doctor's name and surgery address: Telephone number:	Postcode: Home phone number: E-mail address: * If other parent/carer(s) live at an alternative address, please provide this on the reverse of this form.
Emergency contacts: Name: Relationship to child: Telephone number:	 Name: Relationship to child: Telephone number:
Any additional information e.g. allergies:	Full names of any other person(s) authorised to collect your child aside from named parent/carer(s) above:
If applicable, please provide the full names of any adults who **CANNOT** collect your child:	

Bookings required – please tick for regular bookings

Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐

If only ad hoc sessions required – please tick ☐ Date care required from: _____/_____/_____

Preferred method of payment: Direct Debit ☐ Childcare vouchers ☐

I consent to photos being taken of my child for promotional material ☐

I consent to filming of my child for promotional material ☐

Our sales and bookings team must be informed of any changes made to your contact details and booking requirements. When completing this form, please refer to the Booking Conditions.

Permission: I consent to any emergency medical treatment necessary whilst the above named child is under the care of Portsmouth YMCA. I have read and accept the booking conditions. I am in a position of parental responsibility and consent to this child participating at the After School Club.

Signed …… **Date …..../…....../…....**

Please sign and return to, AFTER SCHOOL CARE, YMCA FAIRTHORNE GROUP, FAIRTHORNE MANOR, CURDRIDGE, SOUTHAMPTON, SO30 2GH. TELEPHONE 01489 772215