

St Wilfrid's Kidz Klub



'I can do all things through Christ who strengthens me.'
Philippians 4:13

Registration Form

Name of Child: _____ (Also known as) _____

Address: _____

Telephone: _____

Child's Date of Birth: ____ / ____ / ____ Ethnic Origin: _____

Emergency Contacts (minimum 2)

_____	_____	_____
_____	_____	_____
_____	_____	_____

Please note, all children must be brought to the Club and picked up by a named responsible adult. Please list names of persons authorised to pick up your child.

Collection Password: _____

GP: _____

Medical - Please notify us of any medical issues

Dietary requirements, vegetarian, food allergies etc

I hereby authorise _____ (Club Co-ordinator) at St Wilfrid's KidzKlub or such person as appointed, to seek any necessary emergency medical advice or treatment needed by my child.

Signed: _____ Date: ____ / ____ / ____