

KRAZY KIDS CHILD INFORMATION FORM

Child's full name:

Date of birth:

Sibling's full name:

Date of birth:

Name used, if different from above:

Home address:

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Name of parent/carer:

Relationship:.....

Home Tel.....

Mobile:

Email:

Address, if different from above:

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Place of work:

Tel/Mobile:.....

Email:.....

Name of parent/carer:

Relationship:.....

Home Tel.....

Address, if different from above:

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Place of work:

Tel/Mobile:.....

Email:.....

Alternative emergency contact:

Relationship:.....

Home Tel.....

Mobile:.....

Email:.....

AUTHORISED PERSON/S

Please give the names of any persons who you have authorised to collect your child from Krazy Kids Club.

Please be aware they must be 18 years or above and ID will be required.

Names:.....

Password:

Health Information:

Children’s doctor:..... Tel:.....

Surgery address:

Children’s main language: Religion:

Any cultural or religious observances that should be considered when caring for your child (e.g.. diet, dress, religious holidays).

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Are there any health matters we should be aware of e.g. Asthma, Epilepsy, Hay Fever.

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Are your children on any medication? Please give details.....

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If the answer was yes, we will require an additional form to be completed and will discuss this with you directly.

Are there any behavioural issues, learning difficulties or sensitivities that we need to be aware of and taken into consideration?

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Any other comments e.g. do your children have any interests which we could encourage and support within the club?

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