



# LADBROOKE JMI SCHOOL - AFTER SCHOOL CLUB

## REGISTRATION FORM

Watkins Rise, Potters Bar, Hertfordshire, EN6 1QB  
 01707 652 882, [admin@ladbrooke.herts.sch.uk](mailto:admin@ladbrooke.herts.sch.uk)

CHILD'S SURNAME:	CHILD'S FORENAME:
ADDRESS:	2 X EMERGENCY CONTACT  Name and Relationship to child:  Contact Number:
Name of person who will regularly collect child from the after-school club  Name:  Relationship to child:  Phone Number:	Name of Doctor:  Address:  Phone Number:
Does your child have any medical conditions including allergies: Yes / No  If yes, please give a description:	Does your child use an Epi Pen? Yes / No  Does your child use an inhaler? Yes / No  Does your child have any dietary requirements, please provide details below:
I consent to my child having emergency medical treatment if necessary  Signed:  Name:  Date:	To the best of my knowledge I have given all relevant information on my child and agree to the club terms and conditions  Signed:  Name:  Date: