

**The Lighthouse Club registration form**  
Academic Year 2024-2025

**Name of child**

**Name of parent/carer**

**Contact phone number**

**Email address**

**Children will only be allowed to leave with a named person – Please ensure that you keep this information up to date**

**1) Name**

**Relationship**

**Contact number**

**2) Name**

**Relationship**

**Contact number**

**3) Name**

**Relationship**

**Contact number**

Please tick the days and Club for which you wish to register your child

**Breakfast Club**

**Monday**

**Tuesday**

**Wednesday**

**Thursday**

**Friday**

**After School Club**

**Monday**

**Tuesday**

**Wednesday**

**Thursday**

**Friday**

**Start Date**

I consent to any medical / emergency treatment necessary for my child during the running of The Lighthouse Club. I authorise the Club Manager and/or Senior Play Worker to sign any written form of consent required by hospital/authorities if the delay in obtaining my signature is deemed by a doctor to endanger my child's health and safety.  
YES / NO

I agree to pay school in accordance with requested days shown above and the information detailed within The Lighthouse Club Policy. I understand that I am responsible for all payments during the academic year and that failure to pay may result in school seeking payment via a debt collection agent.

**Signature**

**Print**

**Date**