

**Eccleston Mere Primary School**  
**Before and After School (EMUS) Club – Registration Form B 2018/19**

Telephone: - 07423676048

| Child's Name   | Date of Birth | Class |
|--|---------------|-------|
|  |               |       |
| Details of special dietary requirements, allergies, medical conditions or additional needs |               |       |
| Significant food and drink preferences/dislikes  |               |       |

Please give details of people who are authorised by you to collect your child on your behalf:

| Name | Relationship to child | Address | Telephone No |
|------|-----------------------|---------|--------------|
|      |                       |         |              |
|      |                       |         |              |
|      |                       |         |              |

**Password**

Please give details of people to be contacted in case of an emergency:

| Priority | Name | Relationship | All contact numbers for period of clubs |
|----------|------|--------------|---|
| 1        |      |              |   |
| 2        |      |              |   |
| 3        |      |              |   |

-I hereby apply for my child to be registered for a place with Eccleston Mere Primary School (EMUS) Club. I agree to adhere to the terms and conditions set out in the clubs Terms and Conditions document. I understand the obligations and expectations relating to both myself and to Eccleston Mere Primary School (EMUS) Club, and agree to abide by them.

-I understand that persistent late or non-payment of fees may result in the place being withdrawn.

-I confirm that the information given is correct and undertake to inform the club's manager should the details change.

| Parents Name | Date | Signature |
|--------------|------|-----------|
|              |      |           |