

Youth Club/After-School Club Registration Form

Personal Information			
Child's Name:			
Date of Birth:		Age:	
Gender:			
Ethnicity:			
Religion (optional):			
Health Information			
Disabilities/Abilities:			
Medical Concerns:			
Allergies (if any):			
Medications (if any):			
Please show us how to			
administer			
medications.			
School Information (in	cases where you would like	e assistance f	rom us to work
together with school an	d other professionals)		
School Name:			
Year at School:			



Teacher Contact:							
Parent/Guardian Inform	ation						
Main Parent/Guardian							
Name:							
Address:							
Contact Number:							
Email Address:							
Club Activities (Please t	ick the a	activities	s your ch	ild is in	tereste	d in atte	ending):
Sports							
Arts & Crafts							
Homework Help							
Outings (you will be advi	ised bef	ore ever	nt)				
Other:							
Additional Information:							I
Authorised Pickup Perso	ns:						



Would you like to make a	Yes	No	
monthly donation of £2 for			
refreshments?			

Authorisation	n:
Name:	
Signature:	
Date of signature:	

Instructions: Please complete this form and email a scanned copy to info@unitysupportnetwork.co.uk. If you have any questions, please get in touch with us at 07359431411/07900098979

Privacy Notice: All information provided will be treated with confidentiality and used solely to administer youth club activities.

Make donation payments via our bank account:

Unity Support Network CIC

Sort Code: 30-54-66

Account No: 11495068

Reference (please get in touch with us for the reference number, as this would be your child's unique registration code.

We will provide you with a screenshot of the payment received.