

Weeke Primary School Breakfast Club and After School Club Registration Form



1. Child's Details

Surname/family name Male/Female

All forenames:..... To be known as:.....

..... Date of birth:.....

Address:..... Home language:.....

.....

Postcode:..... Home telephone number:.....

2. Parent(s)/Guardian(s):

Name of 1 st parent contact: Mr/Mrs/Miss/Ms:..... Relationship to child:..... Home telephone number:..... Mobile number:..... Work telephone number:..... Email address:.....	Name of 2 nd parent contact: Mr/Mrs/Miss/Ms:..... Relationship to child:..... Home telephone number:..... Mobile number:..... Work telephone number:..... Email address:.....
--	--

3. Please list the adults who are authorised to collect your child (After School Club children only)

.....

4. Emergency Contacts:

Please give details of two additional persons who may be contacted in an emergency:

Name	Relationship to child	Home/work contact number	Mobile number
1.			
2.			

5. Child's Health:

Family doctor:

Name:..... Address:.....

..... Telephone number:

Specific Health Needs (Health concerns/medical needs/food allergies (copies of school medical forms will be kept in our breakfast club/after school club file):

6. Breakfast and After School Club sessions required:

Breakfast Club	After School Club
M T W Th F	M T W Th F
Please circle regular sessions which you would like to request or tick the box if you will be using the club on different days each week. <input type="checkbox"/>	Please circle regular sessions which you would like to request or tick the box if you will be using the club on different days each week. <input type="checkbox"/>

Signature of Parent/guardian: Date:.....