

Amblecote Primary School
Breakfast/After School Club – Registration Form

WE REQUIRE THE FOLLOWING INFORMATION FOR OUR RECORDS.
PLEASE USE BLOCK CAPITALS

Child's name.....

Date of birth.....

Gender

Ethnic origin..... First language

Religious belief

Home address

.....

Telephone number Mobile number.....

.....

.....

Work telephone number

Parent/ carer names

.....

If parent/carer cannot be contacted please supply emergency contacts:

Name

Relationship to child

Telephone number Mobile number

.....

.....

Work telephone number

P.T.O

Address

.....
.....

Medical details:

Please give any medical details which may be relevant to the Out of School Club
(allergies, asthma, fits, etc)

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Prescribed medication

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Any special food requirements (health or religion)

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