

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

.....Postcode.....

Home telephone number

Security Password.....

Contact Details:

Priority	Name	Relationship to child	Parental responsibility
1			Yes/No (Please circle)
Address		E mail address	
Home phone number	Mobile phone number	Work phone number	Main phone number
			Home/Mobile/Work (Please Circle)

Priority	Name	Relationship to child	Parental responsibility
2			Yes/No (Please circle)
Address		E mail address	
Home phone number	Mobile phone number	Work phone number	Main phone number
			Home/Mobile/Work (Please Circle)

Priority	Name	Relationship to child	Parental responsibility
3			Yes/No (Please circle)
Address		E mail address	
Home phone number	Mobile phone number	Work phone number	Main phone number Home/Mobile/Work (Please Circle)

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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Signed..... Name.....

Date.....