



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.....

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)

Priority	Name	Relationship to child	Parental responsibility Yes/No (Please circle)
4			
Address		E mail address	
Home phone number	Mobile phone number	Work phone number	Main phone number Home/Mobile/Work (Please Circle)

Name of any individual who should not have contact with the child	Relationship to the child

Medical details:

Please give details of any ongoing medical conditions (allergies, asthma, diabetes, seizures etc.)

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Regular Prescribed medication (Epi pen, inhaler, insulin etc.)

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Any special food requirements for health or religious reasons

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

Date.....