<u>Amblecote Primary School</u> <u>Breakfast/After School Club – Registration Form</u>

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

Cilila s name			•••••	
Date of birth				
Gender				
Ethnic origin First language				
Religious belief				
Home address				
	Posto	ode		
Home telephone number	r			
Security Password				
Contact Details:				
Priority	Name	Relationship to child	Parental responsibility	
1			Yes/No (Please circle)	
A 13		E mail address		
Add	lress	E mail	address	
Add Home phone number	Mobile phone number	E mail Work phone number	Main phone number	
			Main phone number Home/Mobile/Work	
Home phone number Priority			Main phone number Home/Mobile/Work (Please Circle) Parental responsibility Yes/No	
Home phone number	Mobile phone number	Work phone number Relationship to child	Main phone number Home/Mobile/Work (Please Circle) Parental responsibility Yes/No (Please circle)	
Home phone number Priority 2	Mobile phone number	Work phone number Relationship to child	Main phone number Home/Mobile/Work (Please Circle) Parental responsibility Yes/No	
Priority 2	Mobile phone number Name	Work phone number Relationship to child E mail	Main phone number Home/Mobile/Work (Please Circle) Parental responsibility Yes/No (Please circle) address	
Home phone number Priority 2	Mobile phone number Name	Work phone number Relationship to child	Main phone number Home/Mobile/Work (Please Circle) Parental responsibility Yes/No (Please circle)	

Priority	Name	Relationship to child	Parental responsibility
3			Yes/No
			(Please circle)
Address		F mail	address
Auuress		E mail address	
Home phone number	Mobile phone number	Work phone number	Main phone number
Home phone number	wiobite phone number	work phone number	Home/Mobile/Work
			(Please Circle)
			(11 1 1 1,
Medical details:			
	details which may be rele	evant to the Out of School	Club (allergies asthma
•	details which may be rele	vanit to the Out of Belloof	Ciuo (anergies, astimia,
fits, etc)			

fits, etc)	
Prescribed medication	
Any special food requirements (health or relig	
Signed	Name