



ST. KATHARINE'S C.E. (V.A.) PRIMARY SCHOOL
OFSTED Registration Number 113841



After School & Breakfast Club - Registration Form

Child's Name Surname: _____ First Name: _____ Middle Name: _____	
Child's Date of Birth: _____	
Home Address: _____ _____	
Telephone Number: _____	Mobile Number: _____
Names of Parents/Carers: _____ _____	
Name of parent collecting child if not parent above <i>(If person collecting is not parent or person named above prior notification must be given)</i>	
Password to be used by person collecting	

Please give the names, daytime addresses and telephone numbers of three people we can contact in an emergency. (e.g. Parents; work numbers, grandparents)

Contact 1	Contact 2	Contact 3
Name: _____	Name: _____	Name: _____
Relationship to child: _____	Relationship to child: _____	Relationship to child: _____
Address: _____ _____	Address: _____ _____	Address: _____ _____
Telephone numbers: _____	Telephone numbers: _____	Telephone numbers: _____

Please complete medical information overleaf...

Doctor's Name:

Doctor's Address:

Doctor's Telephone Number:

Please give any details of any medical condition/food allergy that your child may have:

Medical Permissions:

I give permission for my child to receive first aid and a plaster applied
Yes/No (Delete as applicable)

I give permission for my child to have their photograph taken and used around the setting
Yes/No (Delete as applicable)

I give permission for my child to receive emergency first aid from a Paramedic or at hospital should the situation arise
Yes/No (Delete as applicable)

Video/DVD Guidance:

We may on occasion allow the children attending After School Club to watch suitable PG Videos/DVDs
I give permission for my child to watch PG videos/DVDs
Yes/No (Delete as applicable)

Any Other Information:

If there is anything else you feel we need to know about your child then please do so below:

Signed..... Person with Parental Responsibility

Print Name:.....

Date:.....