

SS Philip and James After School Club Registration Form



Name of child				
Home address				
Date of Birth				
First Language				
After school club days required (please circle)				
Mon	Tues	Wed	Thu	Fri
Name of parent/guardian				
Address (if different to above)				
Email address				
Daytime telephone number				
Evening telephone number				
Mobile telephone number				
Person regularly collecting from after school club (if different to above)		Name: Address: Contact telephone number Relationship to child		
Other than the above, if you would like other adults to be able to pick your child up from After School Club we will require a password to be used. Please write the password here:				



Emergency contact
(if different to parent/guardian)

Name:

Telephone number:

GP Details

Name:

Address:

Telephone number:

Medical Conditions YES/NO

Details:

Allergies/Dietary requirements YES/NO

Details:

Any other information you would like to tell us:

I agree to the attached terms and conditions and have read and understood the charging policy

Signature: _____

Date: _____