



The Willow Club (St Nicholas CE (VA) Primary School) Breakfast and After School Club

This information given in this form will be treated in confidence. Please complete one form per family.

Family Surname: _____

Child's Details:

First name (s):		Preferred name if different:
Class:	Date of Birth:	Current Age:

First name (s):		Preferred name if different:
Class:	Date of Birth:	Current Age:

First name (s):		Preferred name if different:
Class:	Date of Birth:	Current Age:

Parent/Guardian Details One:

Parent/Guardian Details Two:

Title:	First Name:	Surname:	Title:	First Name:	Surname:
Home Address			Home Address if different:		
Does the child normally live at this address? Yes/No			Does the child normally live at this address? Yes/No		
Work Address:			Work Address:		
Email address:			Email address:		
Preferred contact Telephone number:			Preferred contact Telephone number:		
Alternative contact telephone number:			Alternative contact telephone number:		
Does this person have parental responsibility? Yes/No			Does this person have parental responsibility? Yes/No		
Does anyone else have parental responsibility for this child? Yes/No (If yes, please provide details on separate sheet)					
PASSWORD FOR COLLECTION BY ANOTHER ADULT					

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Emergency Contact Details:

(Please provide details of two people we can contact if we are unable to get hold of those named above.)

Name:	Telephone No:	Mobile No:
Address:		Relationship to child:
Name:	Telephone No:	Mobile No:
Address:		Relationship to child:

Child's Doctor:

Name:	Telephone No:
Address:	

About your child:

Please detail any additional/medical or special needs your child has: (please provide full details on a separate sheet if necessary)
Please detail any dietary requirements/food allergies for your child:
What are your child's favourite activities?
Any other Information you feel we should know:

I give permission for * (please delete any that do not apply);

- * a member of staff to administer appropriate first aid if required.
- * my child to play in the school playground with supervision.

- * my child to be face-painted.
- * my child to have their photograph taken for display in the Club Room and/or on the website.

Terms and Conditions:

I/We have read and agree with The Willow Club Policy and Procedures, together with the Late Collection Policy and confirm that the information given in this Registration form is correct. I/We agree to notify the Club of any changes.

I/We agree to abide by the Terms and Conditions within the Policy and Procedures and in signing this form accept the above conditions for my child attending The Willow Breakfast of After School Club.

Signed _____ Parents/Carers

PRINT Name(s) _____ Date _____