**Hintlesham & Chattisham C of E Primary School**

**Breakfast and Afterschool Club Registration Form**

**1st Child’s Details**

|  |  |  |
| --- | --- | --- |
| First name: | Surname: | What s/he likes to be called: |
| Date of birth and current age: | First language: | Child’s teacher and year group  |

**2nd Child’s Details**

|  |  |  |
| --- | --- | --- |
| First name: | Surname: | What s/he likes to be called: |
| Date of birth and current age: | First language: | Child’s teacher and year group  |

**Parent/Guardian details**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Title: | First name: | Surname | Title: | First name: | Surname |
| Home address: | Home address (if different): |
| Work address: | Work address: |
| Home number: | Mobile number: | Work number: | Home number: | Mobile number: | Work number: |
| Does this person have parental responsibility? Yes / No | Does this person have parental responsibility? Yes / No |

#

# Emergency Contact Details (please provide details of two people we can contact if we are unable to get hold of you)

|  |  |  |
| --- | --- | --- |
| Name: | Telephone number: | Mobile number: |
| Address: | Relationship to the child: |
| Name: | Telephone number: | Mobile number: |
| Address: | Relationship to the child: |

**Please detail any dietary requirements / food allergies / medical conditions for your child: (please provide full details)**

|  |
| --- |
| 1st Child |
| 2nd Child |

**I would like my child to attend Breakfast Club: \*** MON / TUES / WED / THURS / FRI

**I would like my child to attend Afterschool Club:** \* MON / TUES / WED / THURS / FRI - till 4.30pm or 5.30pm

I confirm that the information given on this form is correct and I agree to notify the School of any changes in detail.

Signed:…………………………………………………………….…………………… (Parent/Guardian) Date:……………………………

\*Please circle

Payments to be made via School Gateway at the time of booking. Please note that the school will require one week’s notice if you wish your child to stop attending a club.