

Extended Schools Registration Form

Pupil's Surname: _____ First Name(s): _____

Male/Female: _____ Date of Birth _____

Address: _____

_____ Postcode: _____

Home Telephone Number: _____

Please select which club you wish to book and the days you would like your child to attend (indicate selection by ticking the appropriate box)

Breakfast Club

Monday	Tuesday	Wednesday	Thursday	Friday
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After School Club

Monday	Tuesday	Wednesday	Thursday	Friday
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Primary Contact

Parent/Carer's Name: _____

Address (if different from above) _____

_____ Post code _____

Telephone Number - Mobile: _____ Telephone Number - Work: _____

Relationship to child: _____

Secondary Contact

Parent/Carer's Name: _____

Address (if different from above) _____

_____ Post code _____

Telephone Number - Mobile _____ Telephone Number - Work: _____

Relationship to child: _____

Please continue overleaf

In case the school is unable to reach either of the above people, please provide details of an emergency contact.

Emergency Contact Name: _____

Address: _____

_____ Post Code _____

Telephone Number - Home: _____ Mobile Number: _____

Relationship to child: _____

Medical Details

Doctors Name: _____ Phone Number: _____

Address: _____

_____ Postcode: _____

Does your child have any medical conditions? (asthma, eczema etc.) _____

Does your child have any allergies? (If none please state 'none') _____

Does your child have any special dietary requirements (e.g. vegetarian, halal) (please circle) Yes No

If YES please give details: _____

Declaration

I confirm that I will book and pay in advance for the club. I have read, understood and agree to abide by the terms and conditions outlined in the Wells Primary School Extended Services handbook.

Signed: _____ Date: _____