**Earley St Peter’s CE Primary School Play Club**

**REGISTRATION FORM – Breakfast, After School and Holiday Club**

**Tel 07543 164250**

**Please complete all sections**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Child’s Firstname:** | | | **Child’s Lastname:** | | |
| **Male / Female *(please circle)*** | | **Date of Birth:** | | **Age:** | |
| **Home Address (please include postcode):** | | | | | |
| **School Attended and Class:** | | | | | |
| **Full Name & Email of First Parent/Carer:** | | | | | |
| **1st Parent/Carer Contact Details:** | **Home Tel:** | | **Work Tel:** | | **Mobile Tel:** |
| **Full Name & Email of Second Parent/Carer:** | | | | | |
| **2nd Parent/Carer Contact Details:** | **Home Tel:** | | **Work Tel:** | | **Mobile Tel:** |
| **Name of person who will usually collect child (and relationship to child):** | | | | | |
| **Name and Address of alternative local emergency contact:**  **Home Tel: Mobile Tel:**  **Address:** | | | | | |
| **Please give details of any medical condition or support needs that your child has that staff should be aware of:**  **NHS number:** | | | | | |
| **Please give details of any allergies e.g. food, plasters, etc.** | | | | | |
| **Please give any other information about your child that may be useful to staff:** | | | | | |
| **Please circle yes or no for each statement:**  **I have read and understood and agree to the Terms & Conditions.**  **I give permission for my child to have his / her photograph taken during play activities.**  **I agree to the above named child receiving emergency medical treatment.**  **I enclose/have paid online a one-off non-refundable registration fee of £25 per family (no cash)**  **Signed by (Parent/Guardian): ……………………………………………… Date: …………………………………………**  **Full name (please print): ………………………………………………………………………………………………………………………………………………….** | | | | | |

*For Office use: Date received \_\_\_\_\_\_\_\_\_\_\_ Time received \_\_\_\_\_\_\_\_\_\_\_\_ By \_\_\_\_\_\_*