**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 \_\_\_\_\_\_*