St Clements Primary School WAC with St. Clements CE Preschool

Breakfast and After School Club

Registration Form

Childs Name……

Date of Birth……

Address……

……

Postcode……

Home Telephone……

Mobile Number……

Work Number……

Email Address……

Password to be used when necessary……

Address and telephone number where parent/guardian or other person with parental responsibility can be contacted.

Daytime	**Evening**

Does your child suffer from any allergies? (please circle) **YES / NO**

If yes please give details

Does your child have any dietary requirements? (please circle) **YES/ NO**

If yes please give details

If it becomes necessary for my child to receive medical treatment and I cannot be contacted by telephone or by any other means, I hereby give my general consent for any necessary treatment and authorise the leader in charge to sign any documentation required by the hospital authorities.

Signature of Parent/Guardian……..

Date……