

**Legal Name of Child** a. Surname: .....  
 b. Forename(s): .....  
 c. (Also known as): .....

Child's Date of Birth: Day..... Month..... Year..... Male  Female

Child's Address: .....  
 ..... Postcode: .....

Home Telephone Number:..... Class: .....

Is the address **permanent** or **temporary**? ( Delete as appropriate)

Child lives with: both parents / Mother/ Father / other person(s) (delete as appropriate)

**If your child's name is different to the name stated on the birth certificate, please supply legal documentation to support this.**

**Parent/Carer 1**

Surname: ..... Forename(s): ..... Title: .....

Address (if different from child's): .....

..... Home Tel. Number: .....

Mobile Tel. Number: .....Work Tel. Number: .....

Email address: ..... Relationship to child:.....  
 ..... Legal custody? Yes / No Parental responsibility? : Yes / No

**Parent/Carer 2**

Surname: ..... Forename(s): ..... Title: .....

Address (if different from child's): .....

..... Home Tel. Number: .....

Mobile Tel. Number: ..... Work Tel. Number: .....

Email address: ..... Relationship to child:.....  
 ..... Legal custody? Yes / No Parental responsibility? : Yes / No

**Collection Arrangements at the End of the Day**

My child will be collected by: ..... at .....pm.

Other arrangements (please specify):.....

**Dietary Requirements:**

My child is allergic to: .....

My child's specific dietary requirements are: .....

**Medical Details:**

Doctor: .....

Dentist: .....

Surgery Address: .....

Surgery Address: .....

.....

.....

Tel. No. : .....

Tel. No. : .....

Do you give permission for first aid to be administered if required? Yes / No

Do you give permission for the club staff to contact your doctor/dentist in the case of an emergency?  
(Please be assured, every effort will be made to contact you in the first instance.) Yes / No

**Child's Health**

It would be helpful to know about any medical conditions or serious illnesses suffered by your child at or since birth. Has he/she had any of the following:

Asthma or bronchitis	Yes	No	Allergies to any known medication	Yes	No
Heart Condition	Yes	No	Any other allergies. Eg. material, plasters	Yes	No
Fits, fainting or blackouts	Yes	No	Other illness or disability	Yes	No
Severe headaches	Yes	No	Travel sickness	Yes	No
Diabetes	Yes	No	Regular medication	Yes	No

Please give details: .....

**Costs** (Childcare vouchers accepted—our school URN is 141745)

Breakfast Session (starts from **8.00am** and includes breakfast) £3.25

After School Session (finishes promptly at **5.50pm**) £8.00

Circle AM / PM / both AM and PM in the table below for regular sessions required.

Start date: .....

Monday	Tuesday	Wednesday	Thursday	Friday
AM PM	AM PM	AM PM	AM PM	AM PM

Flexible days may be available if required.

**Signed:** ..... **Date:** .....

**Please return the completed form to the school office.**