

Bressingham Primary School

Before and After School Club

Registration Form from 8.21



Please complete and return to info@bressingham.norfolk.sch.uk

Child's details:

Child's first name Known as Sex :

Child's surname D.O.B.

Child's first language

Home Address

.....

Parent or Carer details /those with legal responsibility for the above child

Mr, Mrs, Ms etc.	Forename	Surname	Relationship to child
Home Tel	Work Tel	Mobile	
Home address if different to your child's			

Mr, Mrs, Ms etc	Forename	Surname	Relationship to child
Home Tel	Work Tel	Mobile	
Home address if different to your child's			

Alternative Emergency Contact (if neither of the above can be contacted)

Name		
Relationship to child		
Contact telephone numbers		

Adults authorised to collect your child from the After School Club

Collection Password

(Please chose a password which can be used by those collecting your child and that will remain confidential between club staff and those authorised to collect your child).

Name		
Relationship to child		
Contact phone numbers		

Name		
Relationship to child		
Contact phone numbers		

Name		
Relationship to child		
Contact phone numbers		

Additional Information:

GP Name:

GP Address:

GP contact number:

Please advise of any allergies, illnesses or GP prescribed medication:-

.....
.....
.....

Prescribed or non-prescribed medicines cannot be administered by staff and should not be given to your child to self-administer, except for prescribed asthma inhalers or prescribed adrenalin pens, where permission forms have been completed and accepted.

Please detail any special dietary requirements (including food allergies)

.....
.....
.....

Please give details of any additional needs that your child has

.....
.....
.....

Parent/ Carer Declaration

By signing and submitting this registration form, I am confirming that I have read and agree to Bressingham Primary School's Before and After School Club **Terms and Conditions from August 2021**, and I agree to pay all relevant fees as they fall due, including for all booked places whether they are used or not (unless my child has an authorised absence from school). I fully understand that my child / children will be under the care of Before / After School Club staff and not teachers within the school.

Parent/ carer signature..... **Date**.....

Parent/ carer name

Please send this form to info@bressingham.norfolk.sch.uk