

Registration Form

Early Birds Breakfast Club and All Sorts After School Club

Child's Details			
First Name:		Surname:	
Date of Birth:		Date of Registration:	
Home address:			

Parent/Carer Details			
First Name:		Surname:	
Home Telephone:		Mobile Telephone:	
Email address:			
Home address (if different):			
Does this person have parental responsibility?	Yes / No (delete as appropriate)		

Emergency Contact Details			
(please provide contact details in case we are unable to get hold of you)			
First Name:		Surname:	
Home Telephone:		Mobile Telephone:	
Email address:			
Home address (if different to child):			
Does this person have parental responsibility?	Yes / No (delete as appropriate)		

Child's Doctor	
Name of Doctor:	
Telephone:	
Address:	

About your child Please detail any additional/special needs your child has

About your child Please detail any dietary requirements/food allergies or intolerances your child has

WINKLEIGH
Primary School

I understand it is my responsibility to inform the school if any of the information provided on this form changes.

Signature: _____

Print name: _____

Date: _____