

ALPHABET AFTER SCHOOL CLUB

REGISTRATION FORM

Family Details:

Child's Full Name:- D.O.B:

Mother's / Partners Name:-

Father's / Partners Name: -

Address:-.....

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E-mail address:.....

Telephone No:-Home: Work (*Mother/Partner):

Work (*Father/Partner):

Additional mobile number(s) :

School Details:

Name & Address
of School:-

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Telephone No:- Class Room No.

Name of Teacher:-

Emergency Contacts (other than parents/carers):

Name & Address
of Emergency
Contact:

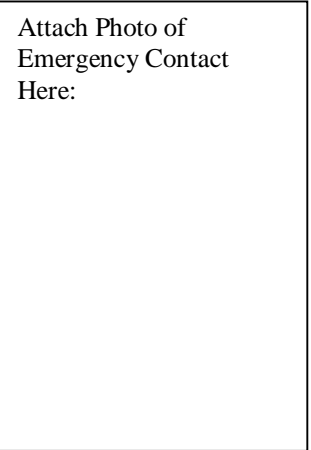
Telephone No.:- Home: Work:

Signature of Date:
Emergency Contact:

Name & Address
of Family GP:-

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Telephone No:-



School Care Provisions:

Please indicate provision required:- Before School Care After School Care Holiday Care

Please indicate the days required:-

Before School Care:

Weekly: Y/N Daily: MON TUES WED THURS FRI

After School or Holiday Care:

Weekly: Y/N Daily: MON TUES WED THURS FRI

Will the care for Holidays be the same: Y/N If NO, please indicate alterations:-

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Date your child starts school:

From this date will your child attend school on a full time basis: Y/N, if NO, is your child attending school either mornings or afternoons only:

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When will the full time schooling commence:

Preferred start date at Club:

Please indicate Term Times for your child's school:

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Any additional information that you feel may be relevant to your child's care (medical conditions, special diets etc.)

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IMPORTANT NOTICE: IT IS THE PARENTS RESPONSIBILITY TO ENSURE THAT THEIR CHILD'S TEACHER AND STAFF KNOW THAT THEY ARE ATTENDING THE ALPHABET CLUB.

Parents must contact the Club in good time (ABC mobile – 07751 382315) if their child(ren) will not be attending school that day or if any changes have occurred to the booked After School Care.

STATEMENT: I / We have read the above Notice and agree to adhere to this.

Signed: Date:

Signed: Date: