



# St Hugh of Lincoln Catholic Primary School

In faith and love, we learn and grow

**Headteacher: Catherine Grace**



## Breakfast and After School Club Registration Form

Please complete and return this form to the School Office or email a copy to [wraparound@sthugh-of-lincoln.surrey.sch.uk](mailto:wraparound@sthugh-of-lincoln.surrey.sch.uk)

Child's Name	
Class	
Date of Birth	
Parents/Carers Names	
Home Address	
Parent/Carer Contact Numbers (Home/Mobile/Work)	
Parent/Carer Email Address	

Emergency Contact Telephone Numbers:

1.	Name	Work	Mobile
2.	Name	Work	Mobile
3.	Name	Work	Mobile

Please list below the names of all persons authorised to collect your child (After-School Club only)

Name	Relationship to Child

For security reasons, please provide a password. Authorised adults will be required to give the correct password before they will be allowed to collect your child. Please do not share this password with your child.

Password:
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Five Oaks Close, St John's, Woking, Surrey GU21 8TU  
Tel: 01483 480441 email: [info@sthugh-of-lincoln.surrey.sch.uk](mailto:info@sthugh-of-lincoln.surrey.sch.uk)



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Regular Sessions (if applicable):

	Monday	Tuesday	Wednesday	Thursday	Friday
<b>Breakfast Club</b>					
<b>After-School Club</b>					

Medical Information:

Please advise us of any medical conditions/allergies relating to your child (*please continue overleaf if needed*)

Additional Information (optional)

Please feel free to provide any additional information that will help us support your child

Fees:

Breakfast Club	£6.00 per session, booked termly in advance	£6.50 (ad hoc if available)
After-School Club	£13.00 per session, booked termly in advance	£14.00 (ad hoc if available)

I will be using Childcare Vouchers for all or part payments	YES/NO
Name of Childcare Voucher Provider	

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I hereby give permission for my child to attend St Hugh of Lincoln Breakfast Club and/or After-School Club. In the event of an accident I give permission for a trained member of staff to administer first aid or to seek emergency treatment on my behalf.

Please refer to the Breakfast and After-School Care Policy (on the school website) for full terms and conditions, plus details of cancellation policies and payment terms.

Parent/Carer

Signed.....

Name.....

Date.....

St Hugh of Lincoln Catholic Primary School

Signed.....

Name.....

Date.....

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