**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*

|  |  |
| --- | --- |
| 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: |

Regular Sessions (if applicable):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Monday  | Tuesday  | Wednesday  | Thursday  | Friday  |
| **Breakfast Club**  |  |  |  |  |  |
| **After-School Club** |  |  |  |  |  |

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  | £5.50 per session, booked termly in advance  | £6.00 (ad hoc if available)  |
| After-School Club | £12.00 per session, booked termly in advance  | £13.00 (ad hoc if available)  |

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

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………………………………………