

St Vincent's breakfast and afterschool club – Registration Form for Regular User

Child's Name:	Class:
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Please indicate (✓) below the sessions you would like your child to attend and the number of places you will require. If places are available when we receive your form then those times will be reserved for your child throughout this academic year.

If you have extra sessions to those indicated we will adjust the following months invoice accordingly.

Day	Breakfast 8.00 – 9.00	3.30 – 4.30	4.30 – 5.00	5.00 – 5.30	Number of places required
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					

If your circumstances change at any time then please let us know.

PLEASE COMPLETE THE FORM OVERLEAF.

Child's Name:	
Date of Birth	Class:

Contact Information

Parent / Guardian No 1	Parent / Guardian No2
Name:	Name:
Home Address:	Home Address:
Telephone Numbers: Home Work Mobile	Telephone Numbers: Home Work Mobile
Any other person who has permission to collect your child:	
Name:	
Address:	Telephone Number:

Emergency Contacts

Contact No 1	Contact No2
Name:	Name:
Address	Address
Telephone No:	Telephone No:
Relationship:	Relationship:

Medical Details

Family Doctor:
Address of Surgery
Telephone No:
Medical Requirements (Allergies, illness or any matter you think we should be aware of)

Do you give staff permission to apply plasters in the event of a small accident? Yes / No

Please note that staff will not give non-prescription medicine.