## St Stephens Junior School

## **EXTENDED SCHOOL CLUBS REGISTRATION FORM**

Please fully complete both sides of this form.

Name of Child	Name of Child	Name of Child
Date of Birth	Date of Birth	Date of Birth
Class	<u>Class</u>	<u>Class</u>
Home Address		
Email address:		
Name and Address of Family Do	<u>octor</u>	
Medical Information and Allergies	Medical Information and Allergies	Medical Information and Allergies
Food Intolerances and Dietary Requirements	Food Intolerance and Dietary Requirements	Food Intolerances and Dietary Requirements

BREAKFAST CLUB:			7.3	7.30AM - 8.45AM -	
		£6.75			
<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	
BREAKFAST CLUB: 8.00AM – 8.45AM -					
£5.25					
<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	

AFTERSCHOOL CLUB:			3.00PM - 5.00PM -		
		£8.25			
Monday	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	
AFTERSCHOO	L CLUB:		3.00	PM – 6.00PM -	
£10.00					
		£ 10.00			

## PLEASE NOTE RECEPTION YEAR CHILDREN CAN ONLY ATTEND FROM 8AM UNTIL 5PM DAILY.

Additional Useful Information				
Do you consent to the following?				
Photographs being taken for our records and display boards.				
Qualified staff administering emergency first aid.				
Your child / children participating in face painting activities.				
Staff providing Paracetamol / medication if required.	Yes / No			
For my child/ren to watch films certified U and PG				
I give permission for my child's photo to appear on the Extended School 'My School	Yes / No			
App'				
Person with parental responsibility / main carer				
Title:				
First Name:				
Surname:				
Relationship to child:				
Phone – Home:				
Phone – Mobile:				
Phone – Work:				
Second Contact				
Title:				
First Name:				
Surname:				
Relationship to child:				
Phone – Home:				
Phone – Mobile:				
Phone – Work:				
Trusted Friend/Family Member				
Title:				
First Name:				
Surname:				
Relationship to child:				
Phone – Home:				
Phone – Mobile:				
Phone – Work:				
Please note, if you ask anyone else to collect your child for you they will need your				
password.				
Password:				

I agree to my child/ren taking a place at St Stephens Junior Extended Schools in accordance with the Terms and Conditions set out in the clubs policies.

Parent / Carer Signature : Date: