

**St Stephens Junior School**

**EXTENDED SCHOOL CLUBS REGISTRATION FORM**

Please fully complete both sides of this form.

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

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

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

|                          |                |                  |                 |               |   |
|--------------------------|----------------|------------------|-----------------|---------------|---|
| <b>AFTERSCHOOL CLUB:</b> |                |                  |                 |               | <b>3.00PM – 5.00PM -</b>                  |
| <b>£8.25</b>             |                |                  |                 |               |   |
| <u>Monday</u>            | <u>Tuesday</u> | <u>Wednesday</u> | <u>Thursday</u> | <u>Friday</u> |   |
| <b>AFTERSCHOOL CLUB:</b> |                |                  |                 |               | <b>3.00PM – 6.00PM -</b>                  |
| <b>£10.00</b>            |                |                  |                 |               |   |
| <u>Monday</u>            | <u>Tuesday</u> | <u>Wednesday</u> | <u>Thursday</u> | <u>Friday</u> | <u>THERE IS NO 6PM FINISH ON A FRIDAY</u> |

Additional Useful Information

**Do you consent to the following?**

|  |          |
|--|----------|
| Photographs being taken for our records and display boards.      | Yes / No |
| Qualified staff administering emergency first aid.               | Yes / No |
| Staff applying sun cream as required.                            | Yes / No |
| Your child / children participating in face painting activities. | Yes / No |
| Staff providing Paracetamol / medication if required.            | Yes / No |
| For my child/ren to watch films certified U and PG               | Yes / No |

**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:**