

BOOKING DEADLINE FOR THIS PERIOD: 13th January 2018

Name of Child	Class

Term Time (if different services for each child use children's initials in each box)

Day	Date	After School	Day	Date	After School
Mon	08/01/18		Mon	12/02/18	
Tue	09/01/18		Tues	13/02/18	
Wed	10/01/18		Wed	14/02/18	
Thu	11/01/18		Thurs	15/02/18	
Fri	12/01/18		Fri	16/02/18	
Mon	15/01/18				
Tue	16/01/18				
Wed	17/01/18				
Thu	18/01/18				
Fri	19/01/18				
Mon	22/01/18				
Tue	23/01/18				
Wed	24/01/18				
Thu	25/01/18				
Fri	26/01/18				
Mon	29/01/18	Teacher Training			
Tue	30/01/18				
Wed	31/01/18				
Thu	01/02/18				
Fri	02/02/18				
Mon	05/02/18				
Tue	06/02/18				
Wed	07/02/18				
Thu	08/02/18				
Fri	09/02/18				

Pickup Password	
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PRINT NAME		SIGNED	
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DATE	
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This page should only be completed if any of your personal details have changed or if you are new to the After School Club.

Rack House Primary School After School Club Registration Form

Child's Details

Surname:	Forename(s):
Home Address:	
Town:	Post Code:
Date of Birth:	Gender:

Contacts: Parents or those with Legal Parental Responsibility

Contact 1		Contact 2	
Title:	Forename:	Title:	Forename:
Surname:		Surname:	
Home address (if different to child):		Home address (if different to child):	
Postcode:		Postcode:	
Telephone (Home)		Telephone (Home)	
Telephone (Business)		Telephone (Business)	
Telephone (Mobile)		Telephone (Mobile)	
Email:		Email:	

PASSWORD TO BE USED IF OTHER PERSONS COLLECT:

Contacts: please provide two additional contacts for use in an emergency:

Name	Relationship to child	Home Phone	Work Phone	Mobile Phone

Medical, Dietary & Emergency Information (please see Medical section of handbook).

Asthma	Bee Sting Allergy	Nut Allergy	Epilepsy
Kidney/Bladder	Deafness	Diabetes	Sight Impairment
Other:			
Dietary Requirements:			

Does your child need to take regular medication during school hours?	Yes	No
If yes, details:		

Name of GP	Practice/Centre Name	Address	Telephone No
Name of Dentist	Practice Name	Address	Telephone No

Permissions: Please enter yes or no in each box

Local Visits Yes/No	Publish Photos Yes/No	Apply Plasters Yes/No	Take to hospital if we cannot contact you Yes/No
Face Paint Yes/No	Sun Cream Yes/No		

Signed	Print Name	Date
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