**St. John’s CE Middle School**

**Breakfast and After School Club**

**Registration Form 2022-2023**

Child’s name……………………………………………..Date of Birth………………….

Address……………………………………………………………………………………….

…………………………………………………………………………………………………

Postcode……………………………….Home Telephone ……………………………..

Mobile Number………………………...........Work Number……………………………

E:mail address.............................................................................................................

1. Address and telephone number where parent/guardian or other person With parental responsibility can be contacted

|  |  |
| --- | --- |
| Daytime   | Evening  |

1. Does your child suffer from any allergies? If so give details

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|  |

1. Has your child had a tetanus injection in the last 5 years? If so date

 if known

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|  |

1. Is your child taking any medication? If so please give details

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|  |

1. Please give name, address and telephone number of your family doctor

6.

Does your child have any dietary requirements?

\*Yes/No

 If yes please give details

1. Is there any activity in which your child is unable

 to participate? \*Yes/No

 If yes please give details

If it becomes necessary for my child to receive medical treatment and I cannot be contacted by telephone or by any other means I hereby give my general consent for any necessary treatment and authorise the leader in charge to sign any documentation required by the hospital authorities

Signature of Parent/Guardian ...........................................................Date.....................