



# St. John's CE Middle School



## Breakfast and After School Club Registration Form 2025-2026

Child's name.....Date of Birth.....

Address.....

.....Post Code.....

Parents Names (with Parental responsibility) .....

Email address (for parent to book sessions)

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

Parent Contact 1:

Parent Contact 2:

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

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

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

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

6. Does your child have any Dietary requirements? If so please give details below

7. Are there any activities in which your child is unable to participate? If so, please give details below;

8. Please detail below any further information we should be aware of; for example collection details;

9. If you wish to pay via a childcare voucher provider or Tax-Free childcare (TFC) please tick the box

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.....