

## St. Andrew's C of E Primary School

Child details		
Name:	Date of birth:	
Parent / Carer details		
Name:	Telephone:	
Adress:	Mobile:	
	Work Tel:	
Who will collect child from After School Club? Please provide details if different from above		
Name:	Telephone:	
Adress:	Mobile:	
	Work Tel:	
If parents are separated, are there any custody arrangements we need to know about?		
Doctor Name:		
Surgery address:		
Telephone:		
Medical conditions:		
Does your child have any dietary requirements or food allergies that we should know about?		



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Emergency contact 1		
Name:		
Mobile:		
Relationship to child:		
Emergency contact 2 Name:		
Mobile:		
Relationship to child:		
Is there any other relevant information that we should know about?		
Kids Club / after school club running times 3.15pm-5.50p	om	
Late collection: Owing to staffing requirement and resources if your chi		
5.50pm there will be a late fee of £10.00 plus £5 for every 15 minutes	s or part thereo	<u>l.</u>
	Yes	No
I give consent for my child to take part in all After School club activities including outi	ngs	
I consent to any emergency first aid treatment required by my child		
I consent to photographs/videos of my child being taken and used on school		
website/newsletter/social media		
Signature of Parent/Carer:		
website/newsletter/social media  Signature of Parent/Carer:  Print name:  Date:		