

www.whitleyprimary.co.uk

Village Lane Whitley Warrington WA4 4QH 01606 822991



admin@whitleyprimary.co.uk

Mrs Hannah Broom BA(Hons) NPQH

Whitley Village School

Before and After-School Club Registration Form 2023-2024

Child's Details

| Name | Current year group | Date of Birth |
|------|--------------------|---------------|
| | | |

I wish to register my child for (please tick):

- □ Breakfast Club
- $\hfill\square$ After-School club
- □ Breakfast and After-School Club

Parent/Carer Details

| Name | Name |
|----------------|---------------|
| Home Address | Home Address |
| Telephone: | Telephone: |
| Work Address | Work Address |
| | |
| Telephone: | Telephone: |
| Mobile Number: | Mobile Number |

Alternative Emergency Contact Details (please provide details of at least one other person we can phone if we are not able to contact you)

| Name | Relationship to Child | Mobile Number |
|---------|-----------------------|-------------------------|
| Address | | Other Telephone Number: |

| Name | Relationship to Child | Mobile Number |
|---------|-----------------------|-------------------------|
| Address | | Other Telephone Number: |

Details of Child's Doctor

| Name of Doctor | | |
|--------------------|------------------|--|
| Address of Surgery | Telephone Number | |

About Your Child

Please detail any additional/special needs:

Please detail any medical needs including details of any medication:

Please detail any allergies:

Please detail any dietary requirements:

Any additional information:

Out of School Activity: Your consent is required for your child to take part in certain activities:

I do/do not consent to my child undertaking cooking and tasting activities?

I do/do not consent to my child watching PG rated films?

I do/do not give permission for a member of staff to administer appropriate first aid if required.

I do/do not give permission for a member of staff to seek any necessary emergency medical advice or treatment in the event that my child is involved in a serious accident. I expect to be contacted immediately on the above telephone numbers.

Declaration/Consent:

I hereby consent for my child to take up a place at this Club, according to the conditions in the Handbook and the policies and procedures. I have understood the expectations and obligations relating to both myself and the Club and agree to abide by them.

I have received a copy of the Club's Handbook

I understand that, if my child requires changing, I will provide nappies and that school will provide wipes

I have completed the Booking Form and returned it to the school office.

I agree to abide by the cancellation notice requirements of the Club.

| I understand that payment must be made in advance via Scho balance on my account then this will jeopardise my child's co | • |
|--|------|
| I confirm that the information given above is correct and I pro School Operations Manager immediately if any of the details o | • |
| Signature of Parent/Carer | Date |

Please print name