

**Reedness Primary School**

**Breakfast and After School Club Pupil Registration Form**

**PUPIL PERSONAL INFORMATION**

|  |  |
| --- | --- |
| SURNAME:  |  |
| FORENAME: |  |
| HOME ADDRESS: |  |
| POST CODE: |  |
| TELEPHONE: |  |
| DATE OF BIRTH: |  |
| SCHOOL YEAR: |  |

**MOTHER/CARER INFORMATION**

|  |  |
| --- | --- |
| TITLE: |  |
| SURNAME:  |  |
| FORENAME: |  |
| HOME ADDRESS: |  |
| POST CODE: |  |
| PHONE NUMBERS: | Club time |  |
| Mobile |  |
| Home |  |
| Work |  |

**FATHER/CARER INFORMATION**

|  |  |
| --- | --- |
| TITLE: |  |
| SURNAME:  |  |
| FORENAME: |  |
| HOME ADDRESS: |  |
| POST CODE: |  |
| PHONE NUMBERS: | Club time |  |
| Mobile |  |
| Home |  |
| Work |  |

**OTHER CONTACT INFORMATION – Please provide at least two**

|  |  |
| --- | --- |
| TITLE: |  |
| SURNAME:  |  |
| FORENAME: |  |
| PHONE NUMBERS: | Club time |  |
| Mobile |  |
| Home |  |
| Work |  |
| RELATIONSHIP TO CHILD: |  |

|  |  |
| --- | --- |
| TITLE: |  |
| SURNAME:  |  |
| FORENAME: |  |
| PHONE NUMBERS: | Club time |  |
| Mobile |  |
| Home |  |
| Work |  |
| RELATIONSHIP TO CHILD: |  |

**PUPIL – MEDICAL INFORMATION**

|  |  |
| --- | --- |
| DOCTOR’S PRACTICE: |  |
| MEDICAL CONDITIONS: |  |
| Is there a current Health Care Plan in school?  |  |

**DIETARY INFORMATION**

|  |  |
| --- | --- |
| ALLERGIES: |  |
| VEGETARIAN / HALAL |  |

Please specify further add any other relevant information:

…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..

Signed:

Print name:

Date: