



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:	
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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:	
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MEDICAL CONDITIONS:	
Is there a current Health Care Plan in school?	

DIETARY INFORMATION

ALLERGIES:	
VEGETARIAN / HALAL	

Please specify further add any other relevant information:

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Signed:

Print name:

Date: