

**St Germans School  
Breakfast Club & After School Club  
Registration Form 2023-2024**



Child's Surname \_\_\_\_\_

Child's Forename(s) \_\_\_\_\_

Preferred Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Name(s) of Parent(s)/Carer(s) \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Home Telephone \_\_\_\_\_

Email Address \_\_\_\_\_

Parent(s) Mobile Number(s) \_\_\_\_\_

**Details of adults with permission to accompany your child**

It is a legal requirement that we must have written details of anyone who is accompanying your child to and/or from Breakfast Club and After School Club. We are unable to release your child to anyone other than those who have been named in writing. Please update this list whenever necessary.

Names and addresses of all parents, carers and other adults who have permissions to accompany your child to and from Breakfast Club and After School Club are as follows:

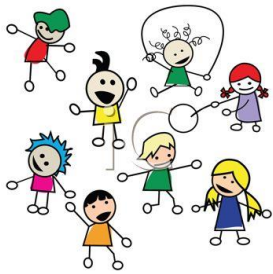
1. Name \_\_\_\_\_

Relationship to child \_\_\_\_\_

Telephone Number \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_



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2. Name \_\_\_\_\_

Relationship to child \_\_\_\_\_

Telephone Number \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Please continue on another sheet if required

**Medical details**

Name of Doctor \_\_\_\_\_

Address of Surgery \_\_\_\_\_

\_\_\_\_\_

Telephone Number \_\_\_\_\_

Which parent/carer would you like us to contact if your child becomes unwell during

Breakfast Club or After School Club?

First Contact: \_\_\_\_\_

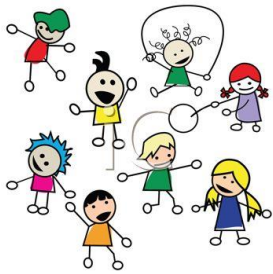
Telephone \_\_\_\_\_

Second Contact \_\_\_\_\_

Telephone \_\_\_\_\_

Third Contact \_\_\_\_\_

Telephone \_\_\_\_\_



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### Medical details continued

Please give details of any medical information that we should know about your child

(allergies/medical conditions) \_\_\_\_\_

Please give details of any dietary information that we should be aware of (i.e. vegetarian)

\_\_\_\_\_

Does your child have any food or drink allergies e.g. milk, egg, nuts etc?

\_\_\_\_\_

I understand that in the case of an emergency, staff will try to contact me and, in my absence, I give permission for the staff of St Germans to take my child to the doctor or hospital – by ambulance, if necessary – and for my child to receive emergency medical treatment.

I am aware of payment procedure and that I can discuss with the school secretary or headteacher confidentially if I have any concerns.

Signature of Parent/Carer \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_

\*Please visit our school website for details of policies and procedures relating to child safeguarding\*