



THE GLOBE PRIMARY ACADEMY

AFTER SCHOOL ACTIVITIES CLUB (Tel: 07493 791 535)

REGISTRATION FORM 2018/19

Child's Name:

Class/Teacher:

After School Activities Club runs from 3.15 - 5.15 p.m. each day and costs £5.00 for 1 hour and £7.00 for 2 hours.

Your child will be collected from their class and taken to the Club.

Please tick which afternoon(s) your child will attend:

Monday

Tuesday

Wednesday

Thursday

Friday

Snack will consist of:

- Squash
- Toast
- Fruit
- Sandwiches

Please note if your child has any **allergies** to the above you will need to provide your child's food.

Parent/Carer Signature:

Date:



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RECORD OF INFORMATION ABOUT A CHILD

To be completed by the Parents and given to the Office

CHILD'S NAME:

KNOWN AS (if different from the above):

DATE OF BIRTH:

HOME ADDRESS:

.....

PARENT/CARER'S NAME:

PARENT/CARER'S PLACE OF WORK:

..... TELEPHONE NUMBER Home.....

Mobile..... Work

WHO TO CONTACT IN AN EMERGENCY (Different from above):

1. NAME: RELATIONSHIP:

TELEPHONE NUMBER(S):

2. NAME: RELATIONSHIP:

TELEPHONE NUMBER(S):

NAME OF PERSON(S) WHO WILL COLLECT CHILD:

1. NAME: RELATIONSHIP:

TELEPHONE NUMBER:

2. NAME: RELATIONSHIP:

TELEPHONE NUMBER:

CHILD'S DOCTOR:

ADDRESS:

..... TELEPHONE NUMBER:

ARE ALL IMMUNISATIONS UP-TO-DATE: YES/NO

HAS YOUR CHILD HAD ANY INFECTIOUS ILLNESSES: YES/NO

IF YES PLEASE STATE WHICH:

ANY SPECIAL DIET, ALLERGIES, HEALTH PROBLEMS ETC:

.....

.....

RELIGION (WHERE RELEVANT):

ANYTHING ELSE THE CLUB SHOULD KNOW ABOUT YOUR CHILD (LIKES, DISLIKES, FEARS ETC):

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PERMISSION FOR EMERGENCY TREATMENT

I give permission for the school to obtain any medical treatment or assistance that may be necessary in the case of an emergency for my son/daughter (named on this form).

SIGNED: DATE:

PRINT NAME: (Parent/Guardian)

Days required: MON TUE WED THUR FRI