

ST JOHN XXIII CATHOLIC PRIMARY SCHOOL



**AFTER SCHOOL PROVISION
REGISTRATION FORM**

Child's Forename **Child's Surname**

Date of Birth **BOY/GIRL**

Ethnicity **LANGUAGES SPOKEN**

Address

.....

PARENT/CARER'S DETAILS

1. Name

Address

..... **Relationship to Child**

Home Tel **Work Tel** **Mobile**

Email

I expect to collect my child from after school provision at **pm**

Details of second contact in case of emergency:-

Name.....

Address

..... **Tel No.**

Details of any other person collecting your child:-

Name.....

Address

..... **Tel No.**

GP Name, address & tel no

.....

.....

Does your child have any Special Educational Needs? YES/NO If yes please state

Does your child have a known medical condition? YES/NO If yes please state details below

Does your child have a special diet? YES/NO If yes please state details below

Does your child have any allergies? YES/NO If yes please state details below

Is it necessary for your child to be given medication during after school provision? YES/NO
If yes please state details below

I give permission for my child to receive first aid as appropriate YES/NO

I understand that in an emergency Shooting Starz will contact the parents and call the emergency services if necessary

Signed Date

I agree to collect my child at pm

Signed Date

AFTER SCHOOL PROVISION – SHOOTING STARZ

Please tick which days you require.

Cost £4.00 per hour.

Name of child

	3-4pm	3-5pm	3-6pm
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			
TOTAL COST	£	£	£

Weekly fees due £

Please note fees must be paid on a half-termly basis in advance. Once a place has been booked it must be paid for unless the child is absent from school due to illness. If your child attends an after school club you will not be charged for that hour.