



Woodley C of E Primary School  
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Head teacher: Mrs L. N. Gurney

## **The Airfield Club**

### **Registration Form**

**Please complete the details below**

**Please state which club you would like to register your child with**

Breakfast Club	After School Club	Both

**Please give details of your child. Please complete one registration form per child**

Child No. 1		Class	
Age		Teacher	

#### **Your contact details**

<b>Contact 1</b>	
Name	
Relationship	
Contact number	
Email Address	
<b>Contact 2</b>	
Name	
Relationship	
Contact Number	
Email address	
<b>Contact 3</b>	
Name	
Relationship	
Contact Number	
Email Address	

**Please give details of responsible persons who will be collecting your child/ren on a regular basis.**

Responsible Person 1	
Relationship	
Responsible Person 2	
Relationship	
Responsible Person 3	
Relationship	

In all cases, the school staff will contact the responsible persons if there is an issue rather than the person designated to collect your child.

If any other individuals will be collecting your child/ren, please ensure you call the school office to advise them as soon as possible. In the event of the school staff not knowing the person collecting your child, they will be asked for a password set by you as detailed below:-

Your Password	
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Do you wish to use Childcare Vouchers to pay for your fees? Y/N (please circle)

Please advise provider to enable us to register .....

**Pupil – medical information**

Doctor's name and practice		Medical conditions	
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Does your child have any current medical conditions – please give details:-

Does your child have any allergies? – Please give details  
If your child has an allergy plan, please speak to the Club Leader

**Dietary Information**

Does your child have any specific dietary requirements? Please give details

Any other relevant information? – Please give details

I give permission to administer emergency first aid to my child

Signed

Date

Print

Relationship

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I have read and understood The Airfield Club Handbook and the school's wrap around care policy - Y/N  
(please circle)

I certify that the information on this form is correct

Signed

Date

Printed

Relationship to the Child

Signed

Date

Printed

Relationship to the child

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For Office Use Only

Details checked

Y/N

Child Admitted

Y/N

Signed

Date

Printed

Position