

Home:

Mobile: Work:

BEFORE & AFTER SCHOOL CLUB REGISTRATION FORM 2024/25

Please return to the school office in an envelope marked for the attention of B&A Club or by email to baclub3505@welearn365.com

CHILD'S	/CHILDRE	N'S DETAILS
---------	----------	-------------

1. 2. 3. HOME ADDRESS PARENT/CARER DETAILS Parent/Carer 1 Name: Relationship to child: Home: Mobile: Work: Email: Parent/Carer 2 Name: Relationship to child: Parental response to the control of t	ate of Birth	Age	Gender		
2. 3. HOME ADDRESS PARENT/CARER DETAILS Parent/Carer 1 Name: Relationship to child: Home: Mobile: Work: Email: Parent/Carer 2 Name: Relationship to child: Parental response to the control of the	nsibility: 🗆 YES				
HOME ADDRESS PARENT/CARER DETAILS Parent/Carer 1 Name: Relationship to child: Home: Mobile: Work: Email: Parent/Carer 2 Name: Relationship to child: Parental response to the control of	nsibility: 🗆 YES				
HOME ADDRESS PARENT/CARER DETAILS Parent/Carer 1 Name: Relationship to child: Home: Mobile: Work: Email: Parent/Carer 2 Name: Relationship to child: Parental response to the control of the control	nsibility: 🗌 YES				
PARENT/CARER DETAILS Parent/Carer 1 Name: Relationship to child: Home: Mobile: Work: Email: Parent/Carer 2 Name: Relationship to child: Relationship to child: Parental response Parent/Carer 2 Name: Relationship to child: Home: Mobile:	nsibility: 🔲 YES				
PARENT/CARER DETAILS Parent/Carer 1 Name: Relationship to child: Home: Mobile: Work: Email: Parent/Carer 2 Name: Relationship to child: Relationship to child: Parental response Parent/Carer 2 Name: Relationship to child: Home: Mobile:	nsibility: 🗌 YES				
Parent/Carer 1Name:Parental responseHome:Parental responseMobile:Work:Email:Parent/Carer 2Name:Parental responseRelationship to child:Parental responseHome:Mobile:	nsibility: 🔲 YES				
Parent/Carer 1 Name: Relationship to child: Home: Mobile: Work: Email: Parent/Carer 2 Name: Relationship to child: Relationship to child: Mobile:	nsibility: 🔲 YES				
Parent/Carer 1 Name: Relationship to child: Home: Mobile: Work: Email: Parent/Carer 2 Name: Relationship to child: Relationship to child: Mobile:	nsibility: 🔲 YES				
Parent/Carer 1 Name: Relationship to child: Home: Mobile: Work: Email: Parent/Carer 2 Name: Relationship to child: Relationship to child: Mobile:	nsibility: 🔲 YES				
Parent/Carer 1 Name: Relationship to child: Home: Mobile: Work: Email: Parent/Carer 2 Name: Relationship to child: Relationship to child: Mobile:	nsibility: 🗆 YES				
Name: Relationship to child: Home: Mobile: Work: Email: Parent/Carer 2 Name: Relationship to child: Home: Mobile:	nsibility: 🗆 YES				
Relationship to child: Home: Mobile: Work: Email: Parent/Carer 2 Name: Relationship to child: Home: Mobile:	sibility: 🗆 YES				
Home: Mobile: Work: Email: Parent/Carer 2 Name: Relationship to child: Home: Mobile:	ISIDIIILY: LI YES				
Mobile: Work: Email: Parent/Carer 2 Name: Relationship to child: Home: Mobile:					
Work: Email: Parent/Carer 2 Name: Relationship to child: Home: Mobile:					
Parent/Carer 2 Name: Relationship to child: Home: Mobile:					
Parent/Carer 2 Name: Relationship to child: Home: Mobile:					
Name: Relationship to child: Home: Mobile:					
Name: Relationship to child: Home: Mobile:					
Home: Mobile:					
Mobile:	sibility: 🗆 YES	□NO			
	-				
Work:					
Email:					
Name of ParentPay user:					
EMERGENCY CONTACT INFORMATION					
We must have at least one emergency contact OTHER than parents/care	ers.				
Emergency contact 1 Emergency contact	. 2				
Name: Name:					
Relationship to child: Relationship to child:					



Home: Mobile:

Work:

MEDICAL INFORMATION					
GP name and address:					
Medical information/medication/allergies	s/dietary requirements:				
Any medications to be taken during w	raparound care need a separate signed consent form.	Please ask staff			
Any medications to be taken during w	raparound care need a separate signed consent form.	riedse dsk staii.			
COLLECTION					
Children will only be released to parents/care	ers named above and other authorised peop	le named below.			
Authorised person 1					
Name:					
Relationship to child:					
Home:					
Mobile:					
Work:					
Authorised person 2					
Name:					
Relationship to child:					
Home:					
Mobile:					
Work:					
Payment is made in ParentPay unless you	5				
Childcare scheme, in which case, evidence	e of payment should be sent to <u>baclub350</u>	<u> 15@weiearn365.com</u> :			
CHILDCARE VOUCHERS:					
Diagon share the name of the company should very be using shild are very tree					
Please share the name of the company should you be using childcare vouchers.					
TAX-FREE CHILDCARE:					
If you are using the tax-free childcare scheme, we need to know your child's reference					
in you are using the tax nee emideare scheme, we need to know your emid s reference					
Du naturnina this farma Lagration		minas legalina			
By returning this form, I confirm that I have read and understand the timings, booking and fee structure of B&A Club as outlined on the club page of the school website:					
https://stmaryssoutham.org.uk/breakfast-after-school-club					
nttps.//stmaryssoutham.org.uk/breakrast-arter-school-club					
I agree to inform B&A Club staff of any changes to the information included					
in this reg	istration form as soon as possible.				
PARENT/CARER NAME:	SIGNATURE:	DATE:			

