



**Priory Junior School**  
**The BASE Breakfast / Out of School Club**  
**Registration Form**



**Childs Details**

First Name:	Surname:	What they like to be called:
Date of birth:	School they attend:	First Language:
Current age:	Teacher's Name:	

Parents/Guardian Details (Please inform us if either parent does not have legal parental responsibility)

Title:	First Name:	Surname:	Title:	First Name:	Surname:
Home Address:			Home Address:		
Work Address:			Work Address:		
Home Number:	Mobile Number:	Work Number:	Home Number:	Mobile Number:	Work Number:
Email Address:			Email Address:		

Alternative Emergency Contact Details (Please provide the details of at least one person we can contact if we are not able to contact you)

Name:	Telephone Number:	Mobile Number:
Address:		Relationship to the child:
Name:	Telephone Number:	Mobile Number:
Address:		Relationship to the child:

**Details of Child's Doctor**

Name of Doctor:	
Address:	Telephone:

**About your child**

Please detail any additional/special needs your child has: (please provide full details)
Please detail any medical needs your child has: (please provide full details, if medication is needed and additional medication form will need to be completed)
Please detail any allergies your child has: (please provide full details)
Please detail any dietary requirements of your child: (please provide full details)

What are your child's favourite activities?
Is there anything your child does not like (food, games etc) or is scared of?
Any additional information:

I consent for my child to attend Priory Junior School Out-of-School Club / Breakfast Club. I understand that the Club has policies and that there are expectations and obligations relating to both the Club and myself and my child agree to abide by them.

I am aware that the Out-of-School club has a duty to report suspected child abuse or neglect.

I give permission for a trained member of staff to administer appropriate first aid if required.

I give permission for Priory Junior School Out-of-School club to seek any necessary emergency medical advice or treatment in the event that my child is involved in a serious accident. I expect to be contacted immediately on the above telephone numbers.

Late collection of my child will result in a charge of £5 per every 5 minutes. I understand that persistent late or non-payment of fees may jeopardise my child's continued place.

I confirm that the information given on all forms is correct and agree to notify the Club staff of any changes in detail.

I understand that the information given in this registration form is confidential.

I have read and accepted the above conditions for my child attending Priory Junior School Out-of-School Club / Breakfast club.

Parent/carer  
signature: .....

Date: .....