

Caversham Primary After School Club Application Form

Basic Information

Name of Child: Child's Class:

Date Of Birth: Billing Address:

Billing Name:

Email Address:

Ad hoc Sessions:

Please return this form to the office drop box with a cheque for £90 (10 sessions). A receipt will be issued

Regular sessions:

Monday	<input type="text"/>
Tuesday	<input type="text"/>
Wednesday	<input type="text"/>
Thursday	<input type="text"/>
Friday	<input type="text"/>

Date of first Session:

Contact Details

Parent/Carer contact details for After School Club. Please list in Order of Priority, so we contact people in the correct order.

	Full Name (Mr, Mrs etc)	Relationship to Child	Work Phone	Home Phone	Mobile
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Dietary Needs

Please indicate if there are any foods that your children must not eat due to allergic reaction, cultural or religious beliefs:

Medical Details

NHS No: Doctor:

Surgery:

Please give details of any significant medical condition that may be relevant:

I give consent for first aid to be administered to my child:

I give consent for emergency services to be called in event of an accident:

Signed: Parent/Carer Date: