

# Registration Form

## Little Hadham Primary School

### 1<sup>st</sup> Child's Details

First name:	Surname:	What s/he likes to be called:
Date of birth and current age:	First language:	Child's teacher and year group at Little Hadham:

### After School Club Sessions requested (tick pick up as required)

Monday	Tuesday	Wednesday	Thursday	Friday

Please collect my child after his/her extracurricular activity at school and escort to the club.  
 Many clubs start/finish at different times. We are happy to meet your requirements, however, the fee will still be £12. Please give details here:

.....  
 .....

### 2<sup>nd</sup> Child's Details

First name:	Surname:	What s/he likes to be called:
Date of birth and current age:	First language:	Child's teacher and year group at Little Hadham:

### After School Club Sessions requested (tick pick up time as required)

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Please collect my child after his/her extracurricular activity at school and escort to the club.  
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.....  
 .....

**Please book my child in for the days and times indicated above. I will let you know in advance if my child will not be attending a booked session. I understand that the Club cannot give refunds for any sessions that I have booked but which my child does not attend.**

### Parent/Guardian details

Title:	First name:	Surname	Title:	First name:	Surname
Home address:			Home address (if different):		
Does this child normally live at this address? Yes / No			Does this child normally live at this address? Yes / No		
Work address:			Work address:		
Home number:	Mobile number:	Work number:	Home number:	Mobile number:	Work number:
Email address:			Email address:		

Does this person have parental responsibility? Yes / No	Does this person have parental responsibility? Yes / No
Does anyone else have parental responsibility for this child? Yes / No (If yes, please provide details on separate sheet.)	

**Emergency Contact Details** (please provide details of two people we can contact if we are unable to get hold of you)

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

**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 dietary requirements / food allergies for your child: (please provide full details)
Is there anything your child doesn't like (food, games etc) or is scared of?
What are your child's favourite activities?

**Signature of Parent/Carer**

**Date:**

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