



Manor Junior School Breakfast and After School Clubs Registration Form

Child's first name:

Child's Surname:

Home Address:

To be known as:

Date of Birth:

Postcode:

Home Phone number:

1. Next of Kin name:

Home Phone Number:

Work Number:

Mobile Number:

Relationship:

2. Next of Kin name:

Home Phone Number:

Work Number:

Mobile Number:

Relationship

GP Name:

GP phone number:

Which class does your child attend?

Year Group: _____

Class: _____

Are there any siblings? (If so, please state name, which school, year group and class)

Which Club does your child require?

Breakfast Club

After School Club

(Breakfast Club is £4.00 per session)

(After School Club is £7.00 per session)

What days would your child require?

Breakfast Club

After School Club

Monday

Monday

Tuesday

Tuesday

Wednesday

Wednesday

Thursday

Thursday

Friday

Friday

What date would you like to start?

About your child

Any allergies or dietary requirements: Yes No
(If yes, please give more information below)

Any medical conditions or disabilities: Yes No
(If yes, please give more information below)

Any regular medication: Yes No
(If yes, please give more information below)

Will this medication be needed while at either Breakfast or After School Club?
Yes No

Will you be payment by cash/cheque? Yes No

Will you be paying using Child Care Vouchers? Yes No

If yes, please state which provider you are currently using:

Will you be paying using online payments? Yes No

PAYMENTS NEED TO MADE IN ADVANCE IN ACCORDANCE WITH SCHOOL POLICIES

Parental Consent:

Name:

Signed:

Date:

For School Use Only

Accepted Added to waiting list

Details added to Tucasi by:

Date Started Breakfast or After School Club:

Additional Contacts & Authorised Pickups

Title: _____ Home Tel: _____
Forename: _____ Mobile No: _____
Surname: _____ Work Tel: _____
Relationship to child: _____
Emergency contact: Yes / No Authorised pickup: Yes / No

Title: _____ Home Tel: _____
Forename: _____ Mobile No: _____
Surname: _____ Work Tel: _____
Relationship to child: _____
Emergency contact: Yes / No Authorised pickup: Yes / No

Title: _____ Home Tel: _____
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