

St Joseph's After School Club Registration Form - 2024/2025

Please note that a separate form is required for each child and a new form must be completed at the beginning of each academic year or when a child is newly registered during the year.

Child's Details

Surname	Forename Name known as	Year Group	Date of Birth

 Parent/Carer Details (please provide two contact details)

 Name
 Name

 Home Address
 Home Address

 Telephone:
 Telephone:

 Work Telephone:
 Work Telephone:

 Mobile Number:
 Mobile Number:

 Email Address:
 Email Address:

Additional person(s) Authorised to Collect

This person should be local enough to collect by 5.45 (Mon. - Thurs.) 5.30pm Fri. if ASC staff are unable to arrange collection by any parent of a child attending that ASC session. If another person is to collect the child, ASC staff must be informed prior to collection by the parent/carer, either by letter or telephone.

Name	Relationship to Child: Mobile Number:	
Address:		
Other Telephone Number:		
A collection password (below) must be used. Collection Password:		

About Your Child			
Health/medical issues (eg Asthma):			
Any special dietar	y requirements:		
Days / Sessions be	eing requested; - please circle/delete		
Mondays / Tuesdays	/ Wednesdays / Thursdays / Fridays		
Ideal start date -			
PARENT/CARER D	ECLARATION		
treated or admitted a We understand that t However if we are un	the staff will have done their best to contact us and direct us to our child. nable to pick up our phone/s, messages will be left for us.		
with them.	erstood the After School Club Policy, Terms and Conditions and agree to abide		
Signed (Parent 1) P	lease print name of signatory		
Signatories relations	ship to child Date		
Signed (Parent 2) P	Please print name of signatory		
Signatories relations	ship to child Date		
Please refer to the se	chool's Data Protection policy.		
For office use			
Date received by AS	SC : Initial :		