

The After School Club at St Mary's Priory Catholic Infant & Junior Schools

Hermitage Road, Tottenham
London N15 5RE
Tel. 079 43 711 998 (Mon - Fri after 3 p.m.)
E-mail: infants@stmarysrcpriory.haringey.sch.uk

Child's Registration Form 2016 - 2017

All children who attend the club must complete the registration form

Please complete this form in BLOCK CAPITAL LETTERS, using black ink

1. CHILD DETAILS	
Child's Forename	Child's Class
Child's Surname	
Child's DOB	Gender
Siblings in school	Class
2. PARENT/GUARDIAN DETAILS Title	House Number
Forename	Street
Surname	Town
TelNumber	Postcode
Mobile Number	Relationship to the child

All personal information is strictly confidential

3.1 FIRST PERSON AUTHORISED TO COLLECT YOUR CHILD Street Town Postcode Mobile Number 3.2 SECOND PERSON AUTHORISED TO COLLECT YOUR CHILD House Number Title Street Forename Sumame Postcode Tel Number Mobile Number 4. EMERGENCY CONTACT Family Doctor's Name Street Forename Town Surname Postcode Tel Number Tel. Number Mobile Number

All personal information is strictly confidential

Relationship to the child

5. MEDICAL INFOR	RMATION					
Please state if there dietary factors you w of.						,
6. BOOKING INFORMATION						
			Start Date		End Date	glacely file-constraints and the record
	Monday	Tuesday	Wednesday	Thursday	Friday	
3.15 - 6.00 p. m						
The cost is £5 per da If you wish your child on the day, otherwise The payment must is at the end of each we Money should be paid or a teacher) and reconstances after 6.15 p If the person who coll to terminate the contr	d to attend 1 he the full price of the made on we tek. id in to a memb eipt should be to m. will be ch lects the child i	our session of £9 will he eekly basi eer of After collected harged as is	only, the staff ave to be paid s - you have th School Club C 110 every 15 m	ne option of policy (no monimutes.	informed in paying in ac oney should	dvance, on the day
CONTRACT:						
I agree to take up a pl I understand that the person to do so, by the I am aware that I must	club closes at t is time.	6.00 p.m.	must collect	my child, or		
am aware that to que: understand that if I month with a week's	ry the balance I refuse or fai	I must pres	ent the receip	ts,	place will	be withdrawn for
give permission for understand that in case	my child to b se of an emerge	e treated (ency '999'	for minor inju will be called a	ries by the and I will be	person in informed in	charge of First Aid nmediately.
arents / Guardian Sig				Date:		

Please do not hesitate to call us if you have any questions or need assistance with this form.

Thank you for choosing The After School Club at St. Mary's Priory Catholic Infant and Junior Schools.