

**GH Primary School/ Rising Stars Breakfast and After School Club
Data Collection Sheet**

Child's Details

Surname:	Forename(s):
Home Address:	
Town:	Post Code:
Date of Birth:	Gender:

Contacts: Parents or those with Legal Parental Responsibility

Mother		Father	
Title:	Forename:	Title:	Forename:
Surname:		Surname:	
Home address (if different to child):		Home address (if different to child):	
Postcode:		Postcode:	
Telephone (Home)		Telephone (Home)	
Telephone (Mobile)		Telephone (Mobile)	
Email:		Email:	
Occupation:		Occupation:	
Work address:		Work address:	
Telephone (Work)		Telephone (Work)	

Contacts: please provide two additional contacts for use in an emergency:

<i>Name</i>	Relationship to child	Home Phone	Work Phone	Mobile Phone

Medical, Dietary & Emergency Information (please see Medical section of handbook).

Asthma	Bee Sting Allergy	Nut Allergy	Epilepsy
Kidney/Bladder	Deafness	Diabetes	Sight Impairment
Other:			
Dietary Requirements:			

Does your child need to take regular medication during school hours?	Yes	No
If yes, details:		

Permissions: Please enter yes or no in each box

Local Visits	Publish Photos	Apply Plasters	Take to hospital if we cannot contact you
Face Paint	Sun Cream		

Signed	Print Name	Date
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Child's Name	
<input type="checkbox"/> Nursery <input type="checkbox"/> Class 1 <input type="checkbox"/> Class 2 <input type="checkbox"/> Class 3 <input type="checkbox"/> Class 4 <input type="checkbox"/> Class 5 <input type="checkbox"/> Class 6	
<input type="checkbox"/> Class 7 <input type="checkbox"/> Class 8 <input type="checkbox"/> Class 9 <input type="checkbox"/> Class 10 <input type="checkbox"/> Class 11 <input type="checkbox"/> Class 12 <input type="checkbox"/> Class 13 <input type="checkbox"/> Class 14	

For definite bookings – tick here if you would like us to book regular days until further notice

	Breakfast Club	After School Club
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Pickup Password	
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I will be paying:

(please tick)

weekly or specific date Date _____

ALL SERVICES NEED TO BE PAID AT LEAST A WEEK IN ADVANCE

By using the club you agree to the terms and conditions set out in the Parent Handbook available

I have read the terms and conditions book and agree to them.

(please tick)

Signature: _____

Please ensure you have completed a registration form to accompany this form if your child is new to the club