**St. Joseph’s Catholic Primary School**

**Rise and Shine Breakfast and After School Club**

**Registration Form**

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| **Child’s Name** | **Date of Birth** | **Year Group/ Class** |
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|  |  |  |
| **Home Address:** | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Parents/Guardians/ Carers Details – Emergency Contact details.** | | | | |
| **First Name:** | **Surname:** | **Home Number:** | **Work Number:** | **Mobile Number:** |
|  |  |  |  |  |
| **First Name:** | **Surname:** | **Home Number:** | **Work Number:** | **Mobile Number:** |
|  |  |  |  |  |

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| --- | --- |
| **Alternative Emergency Contact Details** | |
| **Name:**  **Relation to Child:**  **Mobile Number:**  **Place of work:**  **Work Contact Number:** | **Name:**  **Relation to Child:**  **Mobile Number:**  **Place of work:**  **Work Contact Number:** |

|  |  |
| --- | --- |
| **Medical Conditions , Additional/ special needs:** | **Dietary Requirements/ allergies:** |
|  |  |
| **Doctor’s Surgery:** | **Name of Doctor:** |
| **Address:** | **Telephone Number:** |

**Are you happy for you child/ children to have the daily snack that is available?**

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| **Any additional information:** |

Please return to the school office or email to [admin@sjna.uk](mailto:admin@sjna.uk)

Many thanks