



Care Club

Registration Booklet

CHILD'S NAME : _____

**ST. ANDREW'S C. of E. INFANT
SCHOOL**

An Academy in The Good Shepherd Trust

Please call the School Office if you
require any assistance with this form.

Telephone : 01252 716305

Child

First Name _____ Surname _____

Date of Birth _____ Age _____

Year Group upon registration _____

Home address _____

Parent

Name _____ Place of work _____

Mobile _____ Work Telephone _____

Email address _____

In Case Of Emergency**Contact 1** Name _____ Relationship to child _____

Address if different to above _____

Mobile _____

Contact 2 Name _____ Relationship to child _____

Address if different to above _____

Mobile _____

Medical Information

Doctor's Surgery _____ Telephone _____

Please list any dietary requirements, allergies, medical needs, special needs

Medication: I will notify Care Club staff of any specific medication, which may need to be administered to my child and I will need to complete an additional consent form.

Parent's Signature _____ Date _____

Permission for Emergency Treatment In an emergency, when a parent's attendance cannot be immediate, it is sometimes necessary to obtain treatment for a child from a doctor or A&E. As a delay in these circumstances is highly undesirable, we would ask that you give your consent below in such case of emergency.

Parent's Signature _____ Date _____

Please let us know of any additional information about your child that may be useful for us during their time at Care Club

Who will be permitted to collect your child

St Andrew's Care Club Terms and Conditions**With effect from September 2023**

I confirm I have received, read and agree to the terms and conditions of St Andrew's Care Club and Breakfast Club.

Parent / carer name _____

Signature of parent / carer _____

Date _____

Name of Care Club Manager _____

Signature of Care Club Manager _____

Date _____

**Please return this Registration Booklet to the Care Club Manager
before your child starts to use Care Club**