**Registration Form **

**Noah’s Ark Breakfast & After School Club**

1st Child’s Details

|  |  |  |
| --- | --- | --- |
| First name: | Surname: | What s/he likes to be called: |
| Date of birth and current age: | First language: | Child’s teacher and year group at St Luke’s: |

Breakfast Club Sessions requested

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Monday  | Tuesday  | Wednesday  | Thursday | Friday |
|  8.00 am |  8.00 am |  8.00 am |  8.00 am |  8.00 am |

After School Club Sessions requested

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Monday  | Tuesday  | Wednesday  | Thursday | Friday |
|  3.30 pm  |  3.30 pm  |  3.30 pm  |  3.30 pm  |  3.30 pm  |

**2nd Child’s Details**

|  |  |  |
| --- | --- | --- |
| First name: | Surname: | What s/he likes to be called: |
| Date of birth and current age: | First language: | Child’s teacher and year group at St Luke’s: |

Breakfast Club Sessions requested

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Monday  | Tuesday  | Wednesday  | Thursday | Friday |
|  8.00 am |  8.00 am |  8.00 am |  8.00 am |  8.00 am |

After School Club Sessions requested

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Monday  | Tuesday  | Wednesday  | Thursday | Friday |
|  3.30 pm  |  3.30 pm  |  3.30 pm  |  3.30 pm  |  3.30 pm  |

**Please book my child in for the days and times indicated above. I will let you know in advance if my child will not be attending a booked session. I understand that the Club cannot give refunds for any sessions that I have booked but which my child does not attend.**

**Parent/Guardian details**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Title: | First name: | Surname | Title: | First name: | Surname |
| Home address: | Home address (if different): |
| Does this child normally live at this address? Yes / No | Does this child normally live at this address? Yes / No |
| Work address: | Work address: |
| Home number: | Mobile number: | Work number: | Home number: | Mobile number: | Work number: |
| Email address: | Email address: |
| Does this person have parental responsibility? Yes / No | Does this person have parental responsibility? Yes / No |
| Does anyone else have parental responsibility for this child? Yes / No (If yes, please provide details on separate sheet.) |

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# Emergency Contact Details (please provide details of two people we can contact if we are unable to get hold of you)

|  |  |  |
| --- | --- | --- |
| Name: | Telephone number: | Mobile number: |
| Address: | Relationship to the child: |
| Name: | Telephone number: | Mobile number: |
| Address: | Relationship to the child: |

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# Child’s Doctor

|  |
| --- |
| Name of Doctor: |
| Address: | Telephone: |

**About your child**

|  |
| --- |
| Please detail any additional/special needs your child has: (please provide full details) |
| Please detail any dietary requirements / food allergies for your child: (please provide full details) |
| Is there anything your child doesn’t like (food, games etc) or is scared of? |
| What are your child’s favourite activities? |

**Signature of Parent/Carer Date:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_