St Thomas More R.C. Primary School, Middleton, Manchester M24 1PY

The Annex Before and After School Club



Child's Details

Child's Full Name	School	Date of Birth	Year Group	
			Sep 22	
	St Thomas More			
ddress				
Home Phone:		Postcode		
arent/Carer's Details				
Full Name	Relationship to child	Day time/work phone		
mergency Contacts (in the event that t	he parents/carers cannot be contac	cted)		
Full Name	Relationship to the child	Phone		
1.				
Address				
2.				
Address				
Лedical Details				
Doctor's Name	Surgery	Phone	Number	

Please indicate which morning you require with a tick and for <u>after school please circle the time you would like your child to stay till.</u>

Monday		Tuesday		Wednesda	эу	Thursday		Friday	
AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
	4pm		4pm		4pm		4pm		4pm
	5.45pm		5.45pm		5.45pm		5.45pm		5.45pm

Personal Information

Tersonal miorination	
Please give details of any allergies, diabetes, migraine, asthma, epilepsy or any illness or disabilit	y?
Additional Consents:	
Please tick the consents you agree to:	
	Tick
I give consent for the use of sun protection cream to be applied in sunny	
weather	
I give consent for my child to take part in short outings within walking distance	
of the scheme, for instance to the local park or library. I understand they will be accompanied at all times.	2
I give consent for my child to participate in sporting activities such as tennis,	
badminton and football etc. Whilst supervised appropriately.	
I give consent for my child to partake in face painting.	
I give consent for my child's photograph to be used, if required, in displays or	
publicity.	

Costs are calculated on a monthly basis. Please tick your preferred method of payment:-					
Online School money websit	te or	Childcare vouchers?			
Contract for Parents/Carers	to sign:				
The details set out in the constitute the contract. The		t, together with the details set out details about:	here		
 Aims & objectives Registration procedure Notification of absence 	Aims & objectives Registration procedures Notification of absences Behaviour management Special needs Accidents & First Ai Parental/Carers inv Child Protection Confidentiality Complaints procedures				
have read and understood a This forms the contract	and agreed to abide	ends the club, it is deemed that all paby all policies and procedures as out	lined.		
Signed:	Name:	Date:			
For Office Use only					
To be completed by a memb	er of staff:				
Signed:	Name:	Date:			
Start date:	Signed:		J		
	-				