



EXTENDED SCHOOLS CLUBS - REGISTRATION FORM.

Child's name Date of Birth

Class

CONTACT ONE

Parents name (Please print)

AddressPostcode

TEL: (Mobile) (Home).....

Work:

OTHER TELEPHONE CONTACTS:

CONTACT TWO

Name Relationship to child

Mobile No: Other Tel:

CONTACT THREE

Name Relationship to child

Mobile No: Other Tel:

PLEASE BOOK REGULAR SESSIONS FOR MY CHILD IN: (please tick and circle as applicable)

- Morning Club** (7.50 to 8.50am) – Mon / Tues /Wed /Thurs /Fri
- Jelly Beans** (1 hour 3.15- 4.15pm) – Mon / Tues /Wed /Thurs /Fri
- Jelly Beans Full** (3.15 up to 6pm) – Mon / Tues /Wed /Thurs /Fri
- I will require Ad hoc sessions only**

Date required from:

Please complete further information and sign overleaf:



Great Missenden C of E Combined School
a Great Missenden Trust Academy
Company registration number 08927321



Medical Needs:

My Child has an Epipen / Inhaler / Allergies / Other medical needs

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..... (Please specify)
(All appropriate medication will be stored in child’s class emergency medication “Grab Bag”)

Dietary Needs:

Vegetarian Sensitivities Allergies Other - If ticked please give further information below

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Name of adults/ people authorised to collect my child are (Please print clearly)

- 1. Relationship to child
- 2. Relationship to child
- 3. Relationship to child

Signed (Parent)

Please print name Date

Please add any further information here that you feel may be useful for us to know about your child:

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