

# ST ALPHEGE CE INFANT SCHOOL

## Breakfast Club & After School Club Pupil Registration Form

### PUPIL PERSONAL INFORMATION

CHILD'S NAME			
HOME ADDRESS			
POSTCODE		PARENT EMAIL ADDRESS	

### CONTACT 1 INFORMATION

TITLE		FORENAME		SURNAME	
RELATIONSHIP TO CHILD					
PHONE: MOBILE					
HOME					

### CONTACT 2 INFORMATION

TITLE		FORENAME		SURNAME	
RELATIONSHIP TO CHILD					
PHONE: MOBILE					
HOME					

### CONTACT 3 INFORMATION

TITLE		FORENAME		SURNAME	
RELATIONSHIP TO CHILD					
PHONE: MOBILE					
HOME					

### CONTACT 4 INFORMATION

TITLE		FORENAME		SURNAME	
RELATIONSHIP TO CHILD					
PHONE: MOBILE					
HOME					

**PUPIL MEDICAL INFORMATION**

GP PRACTICE NAME		MEDICAL CONDITIONS	
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DIETARY REQUIREMENTS		ALLERGIES	
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Does your child have a current education health care plan in school? Yes / No

Please specify any other relevant information that the club staff will need to know about your child.

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*Date form completed* \_\_\_\_\_