



**All Saints CE Primary School & Nursery**  
**Breakfast/After School Club**  
**Registration Form**



WE REQUIRE THE FOLLOWING INFORMATION FOR OUR RECORDS. PLEASE USE BLOCK CAPITALS.

Child's Name .....

Date of Birth .....

Home Address .....

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.....Post Code .....

Security Password .....

Medical Information .....

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Details of Any regular medication for ongoing conditions

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Allergy Information .....

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Dietary Requirements for Health or Religious Reason .....

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## Contact Details

<b>Priority 1</b>	
<b>Name</b>	<b>Relationship to Child</b>
<b>Address</b>	<b>Main Telephone Number</b>
<b>Work Telephone</b>	<b>Mobile Number</b>
<b>Priority 2</b>	
<b>Name</b>	<b>Relationship to Child</b>
<b>Address</b>	<b>Main Telephone Number</b>
<b>Work Telephone</b>	<b>Mobile Number</b>
<b>Priority 3</b>	
<b>Name</b>	<b>Relationship to Child</b>
<b>Address</b>	<b>Main Telephone Number</b>
<b>Work Telephone</b>	<b>Mobile Number</b>
<b>Priority 4</b>	
<b>Name</b>	<b>Relationship to Child</b>
<b>Address</b>	<b>Main Telephone Number</b>
<b>Work Telephone</b>	<b>Mobile Number</b>