



Guilden Morden CofE Primary Academy

***Together we work to succeed and flourish***

*Our school community is centred on the friendship of Christ, rooted in love and respect,*

*enabling all to flourish. Through the courage given to us by the Holy Spirit we will be visible children of God.*

Registration Form Cool School Club

After School Club/Breakfast Club

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| Child’s name in full: |
| Child’s date of birth: |
| Home address: |
| Postcode: |
| Home phone number: |
| Email: |
| Class – Pre-School, Reception/Year 1/Year 2/Year 3/Year 4/Year 5/Year 6 (please circle) |
| Parent / Carer names: |
| Daytime contact numbers: |
| Name and telephone number of someone locally who can collect your child in case of emergency: |
| Names of additional adults authorised to collect your child: |
| Child’s doctor:  Surgery address:  Surgery Phone No: |
| Ethnic origin: |
| Home language: |
| Religion: |
| Special dietary requirements or allergies: |
| Additional information regarding medical conditions, health issues or other special needs that the club should know about your child: |