



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:  |