

Breakfast and After School Club Registration Form

Please complete and return this form to the School Office or email a copy to:
info@stcharlesb.surrey.sch.uk

Child's Details

Child's Name	
Date of Birth	
Address	
School Year	

Family / Home

Contact 1 - Name	
Relationship to child	
Address (if different from child's)	
Mobile Telephone Number	
Contact 1 - email address	

Contact 2 - Name	
Relationship to child	
Address (if different from child's)	
Mobile Telephone Number	
Contact 2 - email address	

St Charles Borromeo Catholic Primary School and Nursery

Diocese of Arundel and Brighton

 www.stcharlesb.surrey.sch.uk
 01932 842617
  info@stcharlesb.surrey.sch.uk
 Portmore Way, Weybridge, Surrey, KT13 8JD

Head of School Miss Gemma Willcox

Additional Contact Information

Please list below the names of all **additional** persons authorised to collect your child (After-School Club only). These should **not** be the names of parents.

Name	Relationship to Child	Main Contact Number

For security reasons, please provide a password. Authorised adults will be required to give the correct password before they will be allowed to collect your child. **Please do not share this password with your child.**

Password:

Medical Information

Please advise us of **any** medical conditions and dietary requirements relating to your child (*please continue overleaf if needed*).

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Additional Information

Please feel free to provide any additional information that will help us support your child or any information that staff need to be aware of.

Fees

Breakfast Club from 7:45am	£6.50 per session
Breakfast Club from 7:30am	£8.00 per session
After-School Club	£15.50 per session

I will be using Childcare Vouchers for all or part payments	YES / NO <i>(please circle)</i>
Name of Childcare Voucher Provider	
I will be using Tax free childcare	

I hereby give permission for my child to attend St Charles Borromeo Breakfast Club and/or After-School Club. In the event of an accident, I give permission for a trained member of staff to administer first aid or to seek emergency treatment on my behalf.

Please refer to the Breakfast and After-School Care Policy found on the school website for full Terms and Conditions, plus details of cancellation policies and payment terms.

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St. Charles Borromeo
CATHOLIC PRIMARY SCHOOL
AND NURSERY

I confirm that I have read and understood the policy.

Parent/Carer:

Signed:

Name:

Date:

On behalf of St Charles Borromeo Catholic Primary School:

Signed:

Name:

Date:

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