



Hope Brook Church of England Primary School

Breakfast and After School Club Registration Form

Pupil details

All pupil records are computerised and it is essential that all the details are kept as accurate and up-to-date as possible i.e. change of address, telephone number etc.

Surname		Middle Name(s)	
Forename		What name do you wish your child to be known by	
Gender	Male / Female	Date of Birth	
Full Address Including Postcode			Home Telephone No

Emergency contact details

Please give details of persons who can be contacted in an EMERGENCY during After School Club hours:-

Please place them in the order you wish them to be contacted in an emergency

Priority	Full Name	Relationship	Address	Contact Number(s)
1				
2				

Dietary and Medical Information

Special Dietary Requirements (e.g. Gluten Free, Vegetarian, No Artificial Colourings or Additives)	
Doctor's Surgery	
Address & Telephone number of doctor	
Medical Information and details of medication e.g. Asthma, Eczema - Inhalers etc.	

Regular Days and times required (please tick)

	Monday	Tuesday	Wednesday	Thursday	Friday
I would like to book some one-off dates (Please fill in single session booking form attached)					
Breakfast Club – September 2022 onwards					
	7.30 – 8.00am	7.30 – 8.00am	7.30 – 8.00am	7.30 – 8.00am	7.30 – 8.00am
	8:00 – 8:45am	8:00 – 8:45am	8:00 – 8:45am	8:00 – 8:45am	8:00 – 8:45am
After School Club – September 2022 onwards					
	3.15 - 4.00pm	3.15 - 4.00pm	3.15 - 4.00pm	3.15 - 4.00pm	3.15 - 4.00pm
	4.00 – 4.30pm	4.00 – 4.30pm	4.00 – 4.30pm	4.00 – 4.30pm	4.00 – 4.30pm
	4.30 - 5.00pm	4.30 - 5.00pm	4.30 - 5.00pm	4.30 - 5.00pm	4.30 - 5.00pm
	5.00 – 5.30pm	5.00 – 5.30pm	5.00 – 5.30pm	5.00 – 5.30pm	5.00 – 5.30pm
	5.30 - 6.00pm	5.30 - 6.00pm	5.30 - 6.00pm	5.30 - 6.00pm	5.30 - 6.00pm

*The first session lasts for 45 minutes and includes a drink and a snack. Subsequent sessions are charged at per half hour.

I have read the terms and conditions of the Hope Brook After School Club (available on our school website) and agree to follow its policies and procedures.

Parent / Guardian signature _____ Date _____

Print Name _____

Please return completed forms to Hope Brook School Office