

Declaration

I/ We will notify the WAC Club in writing if any of the information given on this form changes.

I/ We understand that Exning Primary School Wrap-Around Care Breakfast Club, After School Club and Holiday Club are all part of Exning Primary School and as such follows the same policies, copies of policies will be supplied upon request.

I/ We confirm that the following policies have been received and read:

Please tick

Wrap-Around Care Admission and Charging Policy	
Wrap-Around Care Uncollected Child Policy	

I/ We consent to my child taking part in walks around the village of Exning during Holiday Club sessions (if applicable).

I/ We acknowledge that staff will only be liable in the event of an accident if they fail to take reasonable care of my child.

I/ We consent to my child receiving medical treatments, which in the opinion of a qualified medical practitioner, may be necessary.

I/ We confirm that we have received and read the Parent Booklet outlining procedures and expectations.

Signed: _____ Printed: _____

Relationship to child: _____ Date: _____

Further information:



Suffolk County Council

Exning Primary School

Oxford Street, Exning, Newmarket, Suffolk, CB8 7EW
Telephone (01638) 600123 Fax (01638) 600124



Headteacher: Mr. J Clark B.A.(Hons) PGCE QTS NPQH

Office Manager: Miss J Hogg

Breakfast, After School and Holiday Club Registration Form

Child's Details

Family Name			
First Name			
Date of birth			
Address			
Post Code			Male / Female
Home language		First Language	

Parents/ Carers' Details

Relationship to child				
Parental responsibility	Yes	No	Yes	No
Title (circle)	Mr/ Mrs/ Miss/ Ms/ Dr		Mr/ Mrs/ Miss/ Ms/ Dr	
Family Name				
First Name				
Address				
Post Code				
Telephone numbers	Home:		Home:	
	Mobile:		Mobile:	
	Work:		Work:	
	Other:		Other:	
Email address				
First Language				

Additional Emergency Contact Details

Relationship to child		
Title (circle)	Mr/ Mrs/ Miss/ Ms/ Dr	Mr/ Mrs/ Miss/ Ms/ Dr
Family Name		
First Name		
Address		
Post Code		
Telephone numbers		

Doctor's Details

Name	
Address of Surgery	
Post Code	
Telephone Number	

Medical Details

Does your child suffer from any illness or health condition?	Yes*		No	
Does your child take any regular medication?	Yes*		No	
Does your child have any allergies or intolerances?	Yes*		No	
Does your child have any dietary requirements?	Yes*		No	

**Please put details in the box below*

Additional information:

This section is for After School Club only:

Does your child attend Exning Primary School?	Yes	No
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If you answered no to the above question please complete details below.

School:				
Address:				
Telephone:				
How will your child get to After School Club?	Walk	Taxi	Private car	Other

This section is for After School Club and Holiday Club only:

Who will usually collect your child from After School and/ or Holiday Club?

Name	Relationship to child

We understand that occasionally in unforeseen circumstance it may be necessary for someone else to collect your child. Please telephone us to advise us of the situation, but to ensure your child's safety please note a password below that the designated person can tell us when they come and collect your child.

Password:

Permission Form

If your child attends Exning Primary School the Permission Form previously completed for the school will be deemed valid for Exning Primary School Wrap-Around Care too and the enclosed separate one does not need to be completed. If you child does not attend Exning Primary School please complete the enclosed blue Permission Form.