**Nursery Wraparound and**

**Breakfast and After School Club at**

**Baldwins Gate CE (VC) Primary School**

Tollgate Avenue

Baldwins Gate

Newcastle under Lyme

Staffordshire ST5 5DF Telephone: 01782 680649

**Registration Form for**

**Nursery Wraparound and Breakfast and After School Club**

**Once complete, please return this form to the school office.**

Child’s Name (in full) ……………………………………….……… Date of Birth …………………………………

Address …………..………………………………………………………………….………………………….…………….…

Name of Parent/Guardian …………………………….……………………… Title …….….………………

Daytime Contact Number …………………………..… Mobile Number ……………………………..

Other adult with parental responsibility or legal access ……………..…………………….……………….…

Relationship to child …………………………… Contact Numbers ……………….…………..………..…..

**Collection Arrangements**

Please list any other person(s) authorised to collect your child:

Name …………………………………..…… Relationship ……………………… Tel No……...…………

Name …………………………………..…… Relationship ……………………… Tel No ……………....

Please supply a password that can be used …………………………………………………………………..

**Medical Information**

Does your child have any particular special need or medical need? Yes/No

Does your child have any specific dietary need? Yes/No

Please provide information ……………………………………………………….…………………..………….

If so, has this been recorded on the school information in the office? Yes/No

I agree to emergency medical treatment/action if necessary Yes/No

I agree to abide by the terms and conditions of Baldwins Gate Primary School’s Extended Provision (Nursery Wraparound and Breakfast and After School Club).

Parent/Carer’s signature: ……………………………………………….. Date: ……………………………….

September 2016