



ROOTED IN GOD'S LOVE, EVERYONE GROWING TOGETHER  
TO BECOME THE BEST THAT WE CAN BE

## Barrow URC Primary School - Policy Template

<b>Policy:</b>	Breakfast and After School Club Registration Form
<b>Last Reviewed:</b>	November 2021
<b>Next Review Date:</b>	January 2022
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<b>Approved by:</b>	Helen Swinson School Business Manager



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## Breakfast and After School Club Registration Form September 2021

Data Protection Statement – We require this information to ensure we provide the correct care for your child before and after school. The information will be retained for the duration of your child's registration and access to the clubs. Upon leaving, the information will be confidentially destroyed.

### Child's Details

First name:	Surname:	
Date of birth and current age:	First language:	Year group as at September 2021:

I understand that sessions are pre-booked online via the Parentpay system and paid in advance either direct to Parentpay or via a voucher scheme. I understand that an email confirmation of payment for the voucher scheme payment should be made to [office@barrow.lancs.sch.uk](mailto:office@barrow.lancs.sch.uk) detailing the amount to be credited to which session (breakfast or afterschool) and for which child.

### About your child

Please detail any dietary requirements / food allergies for your child: (please provide full details)

Please provide details of any medical conditions. If necessary, we will seek further information.

What are your child's favourite activities/interests?

**Parent/Guardian details**

Title:	First name:	Surname	Title:	First name:	Surname
Home address:			Home address (if different):		
Does this child normally live at this address? Yes / No			Does this child normally live at this address? Yes / No		
Work address:			Work address:		
Home number:	Mobile number:	Work number:	Home number:	Mobile number:	Work number:
Email address:			Email address:		
Does this person have parental responsibility? Yes / No			Does this person have parental responsibility? Yes / No		
Does anyone else have parental responsibility for this child? Yes / No (If yes, please provide details on separate sheet.)					

**Emergency Contact Details** (please provide details of two people we can contact if we are unable to get hold of you)

Name:	Telephone number:	Mobile number:
Address:		Relationship to the child:
Name:	Telephone number:	Mobile number:
Address:		Relationship to the child:

**Child's Doctor**

Name of Doctor:	
Address:	Telephone:

**Signature of Parent/Carer****Date:**

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