

**SHARPS COPSE PRIMARY SCHOOL**  
**Telephone 023 92484545**

**BEFORE & AFTER SCHOOL ACTIVITY CLUB**  
**REGISTRATION**  
**2023 - 2024**

**CHILD'S DETAILS**

Forename(s): \_\_\_\_\_

Surname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: *Male/Female*

Class: \_\_\_\_\_

Medical Conditions/  
Allergies and treatment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other details: \_\_\_\_\_

**Before School Club** *(please tick)*

All week	<input type="checkbox"/>
Monday	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>
Thursday	<input type="checkbox"/>
Friday	<input type="checkbox"/>

**After School Club** *(please tick)*

All week	<input type="checkbox"/>
Monday	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>
Thursday	<input type="checkbox"/>
Friday	<input type="checkbox"/>

- Before School Club begins at 7.45am, Monday to Friday term time only and arrival should be no later than 8.15am, after which a light snack will no longer be on offer;
- Children should at all times be dropped off by a responsible adult;
- After School Club begins at 3.10pm, Monday to Friday term time only - the session finishes promptly at 5pm, and children should be collected by a responsible adult;
- No child will be allowed to go home alone;
- All sessions need to be booked in advance for supervisory and planning purposes;
- A charge of £3.25 per child per session is payable in advance using your child's SCOPay account – details are available from the school.

*Please continue overleaf ...*

## PARENT/CARER'S CONTACT DETAILS

Title: (eg, Mr/Mrs/Miss/Ms/Other): \_\_\_\_\_

Forename(s): \_\_\_\_\_

Surname: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Post Code: \_\_\_\_\_

Telephone No: \_\_\_\_\_

Work No: \_\_\_\_\_

email address: \_\_\_\_\_

\_\_\_\_\_

Relationship to child: \_\_\_\_\_

## EMERGENCY CONTACT DETAILS ie, another member of family or friend

Title: (eg, Mr/Mrs/Miss/Ms/Other): \_\_\_\_\_

Forename(s): \_\_\_\_\_

Surname: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Post Code: \_\_\_\_\_

Telephone No: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Signed: ..... Parent/Carer's Name: .....  
Parent/Carer

Date: .....

All information provided will be held and treated confidentially under the Data Protection Act of 1998 and will be retained electronically as well as in your child's records which can be amended at any time.