



CATKINS CLUB REGISTRATION FORM

SURNAME: _____

LEGAL SURNAME (if different): _____

FORENAME: _____

LEGAL FORENAME(S) (if different): _____

GENDER: _____ DATE OF BIRTH (DD/MM/YYYY): _____

ADDRESS: _____

_____ POSTCODE: _____

All communication will be by email

Please provide your email address below which will be used when contacting you or your family:

Please indicate below any regular days when you would require Catkins Breakfast Club

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

TIME REQUIRED

7.45am -8.45am

Cost £3.25



Please indicate below any regular days when you would require Catkins Afterschool Club

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

TIME REQUIRED

3.00PM – 4.30PM

3.00PM-5.00PM

3.00PM – 6.00PM

COST

3.00pm-4.30pm - £6.00

3.00pm -5.00pm - £8.00

3.00pm – 6.00pm - £13.00

We reserve the right to refuse admittance if payments are not kept up to date.

PICKUP

Please indicate any regular people who may pick up your child/children from Catkins.

FOOD INTOLERANCES/ALLERGIS

Medical Conditions



Data Protection Act 1998

The school is registered under the Data Protection Act for holding of personal data. The school has a duty to protect this information and to keep it up to date. The school is required to share some of the data with the DfE.

SIGNATURE: (Parent/Guardian)

DATE:

**PLEASE NOTE:
IT IS VITAL THAT WE ARE NOTIFIED OF CHANGES TO ANY OF THE ABOVE INFORMATION IN ORDER FOR US TO BE ABLE TO CONTACT YOU QUICKLY IN THE CASE OF AN EMERGENCY.**



EMERGENCY CONTACTS

Please give details of ALL persons who have parental responsibility and anyone else you wish to be contacted in an emergency. PLACE THEM IN THE ORDER THAT YOU WISH FOR THEM TO BE CONTACTED IN AN EMERGENCY.

CONTACT 1

TITLE: _____ NAME: _____

RELATIONSHIP TO PUPIL: _____

ADDRESS: _____

HOME TELEPHONE: _____

MOBILE NUMBER: _____

WORK TELEPHONE: _____

EMAIL ADDRESS: _____

CONTACT 2

TITLE: _____ NAME: _____

RELATIONSHIP TO PUPIL: _____

ADDRESS: _____

HOME TELEPHONE: _____

MOBILE NUMBER: _____

WORK TELEPHONE: _____

EMAIL ADDRESS: _____

CONTACT 3

TITLE: _____ NAME: _____

RELATIONSHIP TO PUPIL: _____

ADDRESS: _____

HOME TELEPHONE: _____

MOBILE NUMBER: _____

WORK TELEPHONE: _____

EMAIL ADDRESS: _____

