



FEDERATION OF
St Peter's and St Gildas'
INFANT AND JUNIOR SCHOOLS



AFTER SCHOOL CLUB REGISTRATION

CHILD'S DETAILS

FULL NAME OF CHILD:	
DATE OF BIRTH:	CURRENT SCHOOL YEAR: R Y1 Y2 Y3 Y4 Y5 Y6
SCHOOL ATTENDED (please circle):	ST PETER IN CHAINS ST GILDAS'
HOME ADDRESS:	

PARENT/CARER DETAILS

PARENT/CARER NAME:
HOME ADDRESS:
TELEPHONE NUMBER:
EMAIL ADDRESS:
MOBILE NUMBER:
RELATIONSHIP WITH CHILD:

EMERGENCY CONTACT INFORMATION

NAME:	RELATIONSHIP WITH CHILD:
ADDRESS:	
TELEPHONE NUMBER:	MOBILE NUMBER:

NAME:	RELATIONSHIP WITH CHILD:
ADDRESS:	
TELEPHONE NUMBER:	MOBILE NUMBER:

PLEASE NOTE: IF ANY OF THIS INFORMATION CHANGES, PLEASE INFORM THE AFTER SCHOOL CLUB STAFF IMMEDIATELY. THANK YOU.

St Peter-in Chains RC Infant School
Elm Grove, London, N8 9AJ
020 8340 6789
admin@st-peter-in-chains-rc.haringey.sch.uk

St Gildas' Catholic Junior School
Oakington Way, Crouch End, London N8 9EP
020 8348 1902
admin@st-gildas.haringey.sch.uk



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MEDICAL INFORMATION

ANY KNOWN ALLERGIES/DIETARY REQUIREMENTS:
MEDICAL HISTORY/CONDITIONS:
GP DETAILS:
<p>I give permission for first aid to be administered to my child should they require it and for the staff to seek medical assistance, if this is required.</p> <p style="text-align: center;">Signed:..... Print Name:.....</p>

COLLECTION ARRANGEMENTS My child will usually be collected by:

1. Name:	Contact Number:
	Mobile:
2. Name:	Contact Number:
	Mobile:

PLEASE NOTE: CHILDREN MUST BE COLLECTED BY A NAMED PERSON WHO IS OVER 16 YEARS OF AGE.

AFTER SCHOOL CLUB REQUIREMENTS (Please tick)

Day	Required	
Monday	<input type="checkbox"/>	<p style="text-align: center;">FEE- £10 PER DAY (AD HOC- £11)</p> <p>PAYMENTS – All fees <u>must be paid in advance</u>, we accept payments weekly/monthly/termly via Parent Pay or Child Care Vouchers. Once you have indicated which days you require you will be contacted and invoiced accordingly. If you wish to change your arrangements you will need to give four weeks' notice. During the notice period, you will be invoiced for the contracted days.</p> <p>Please state a password to be used to identify yourself to staff:</p> <p>_____</p>
Tuesday	<input type="checkbox"/>	
Wednesday	<input type="checkbox"/>	
Thursday	<input type="checkbox"/>	
Friday	<input type="checkbox"/>	

I understand and abide by the policies (copies provided on registration) of the after school club and understand that my child's place will be withdrawn if I fail to pay the required fees in advance. I have enclosed a deposit of £50 to secure a place and understand that this will be deducted from the first invoice.

Signed:..... Print
 Name:..... Date:.....



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FOR OFFICIAL USE ONLY

Date Received:	By:	£50 Deposit Rec'd: YES/NO	Place Allocated: YES/NO
Waiting List: YES/NO		Fees Due: £	Fees Paid: £
Additional Notes:			

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