

**RHODES AVENUE PRIMARY SCHOOL  
AFTER SCHOOL CLUB REGISTRATION FORM**

FULL NAME OF CHILD: .....

ADDRESS: .....

..... POST CODE .....

DATE OF BIRTH: ..... HOME TELEPHONE NO: .....

FULL NAMES OF PARENT OR LEGAL GUARDIAN (S) .....

.....

MOTHERS: TEL NO: .....

MOBILE: .....

EMAIL:.....

FATHERS: TEL NO: .....

MOBILE: .....

EMAIL:.....

**IN AN EMERGENCY PLEASE GIVE NAME, ADDRESS & TELEPHONE NUMBER OF SOMEONE WHO WILL LOOK AFTER YOUR CHILD IF WE CANNOT CONTACT YOU.**

NAME: .....

TEL: .....

**COLLECTION ARRANGEMENTS:**

IF YOU ARE NOT COLLECTING YOUR CHILD PLEASE AUTHORISE TWO OTHER PERSONS TO COLLECT YOUR CHILD (**CHILDREN UNDER 8 MUST BE COLLECTED BY SOMEONE OVER 16 YEARS OF AGE**)

CONTACT 1) FULL NAME .....

TELEPHONE NO ..... MOBILE NO: .....

CONTACT 2) FULL NAME .....

TELEPHONE NO ..... MOBILE NO: .....

DOES YOUR CHILD HAVE ANY MEDICAL PROBLEMS?

.....

.....

IS THERE ANY FOOD YOUR CHILD CANNOT EAT FOR HEALTH OR RELIGIOUS REASONS?

.....

.....

NAME ADDRESS & TELEPHONE NUMBER OF YOUR G. P. ....

..... TEL NO .....



**RHODES AVENUE  
PRIMARY SCHOOL**

**RHODES AVENUE AFTERSCHOOL CLUB**

CHILD'S NAME: .....

CHILD'S SCHOOL: RHODES AVENUE

CHILD'S CLASS:

START DATE: \_\_\_\_\_

PLEASE SPECIFY DAYS REQUIRED FOR YOUR CHILD TO ATTEND THE AFTERSCHOOL CLUB

PLEASE TICK RELEVANT BOXES:

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

FEES:

DAILY RATE     £11  
WEEKLY RATE   £50

**If you are in receipt of Childcare Vouchers please contact the school for more information.**