ST EDWARD'S CATHOLIC FIRST SCHOOL

Parsonage Lane, Windsor, SL4 5EN

'We See Jesus in Everything We Do'

Website: www.stedwardscatholicfirstschool.co.uk
Telephone: 01753 860607
Email: office@secfs.org.uk
www.instagram.com/stedwardscatholicfirst

Extended Hours Care Registration Form

Please complete one form per child

Breakfast Club runs from 7.15am – 8.30am, Monday to Friday and Cuckoo Club runs from 3.15pm to 6.00pm, Monday to Thursday and 3.15pm to 5.30pm on a Friday. Breakfast & Cuckoo Club term time opening & closing dates are on the school calendar on our website. All children must be registered with the Clubs using this form prior to attending their first session. Completing and signing this form confirms your acceptance of and agreement to follow the expectations set out in the wrap around care policy, abridged version attached.

Child's Details

First Name _____ Surname _____

Date of Birth _____ Child's Class _____

Primary Carer

Full Name

_____

Relationship to Child

_____

Parental Responsibility Yes / No

*If parental responsibility restrictions apply, please advise club administrator / school office

Contact Phone Number/s

Mobile / Home / Work

_____ _____ _____

Home Address

_____

_____

Email

_____

Second Carer

Full Name

_____

Relationship to Child

_____

Parental Responsibility Yes / No

*If parental responsibility restrictions apply, please advise club administrator

Contact Phone Number/s

Mobile / Home / Work

_____ _____ _____

Email

_____

Continued overleaf...

Please give details of any additional adult who may collect your child and a Password to be given upon collection

Full Name ----------
Relationship to Child ----------
Contact Phone Number/s ----------
Password ----------

Should my child need to be collected in an emergency by an individual not named on this form, I will contact the club administrator to advise them of the individual's name, and the individual will use the above password when collecting my child.

Full Name ----------
Relationship to Child ----------
Contact Phone Number/s ----------
Password ----------

Should my child need to be collected in an emergency by an individual not named on this form, I will contact the club administrator to advise them of the individual's name, and the individual will use the above password when collecting my child.

Doctor's details

Practice Name ----------
Registered Doctor ----------
Practice Phone Number ----------
Practice Address

Please inform of any Allergies, Dietary Requirements, Medical Conditions, or Additional Needs
Please enter 'NONE' if applicable

- I consent to my child attending St Edward's First School's extended hours care services and I have read, and accept to abide by the conditions in the Policies and Procedures document, available on the school's website
- I will advise the school office if any of the details on this form change (contacts, numbers, allergies, medical conditions etc)
- I give permission for a trained member of staff to administer First Aid if required
- I give permission for staff to seek any emergency medical advice or treatment in the event that my child is involved in a serious accident. Should this happen, I will be contacted by the club immediately on one of the numbers I have supplied
- I understand that the information on this form is confidential, but that it may need to be shared with other professionals if deemed necessary
- I am aware that staff have an obligation to report suspected child abuse
- I give permission for my child to watch Parental Guidance (PG) films during Cuckoo Club

Parent/Carer's Signature _____

Parent/Carer's Name (please print) _____

Date _____