



Breakfast and After School Club Registration Form 2024/25

Name: _____

School: _____

Class: _____ Year Group: _____

Child Details

Child's Name		
D.O.B		
School HPIS <input type="checkbox"/> HPSAJS <input type="checkbox"/>	Class	
Main Language spoken at home:		
Does your child have any special needs/disabilities?	No <input type="checkbox"/>	Yes - please give details
Does your child have any Medical requirements/conditions?	No <input type="checkbox"/>	Yes - please give details
Does your child require any medication that will need to be administered at the Clubs? (If so, please speak to a member of staff. Your child will not be able to start at the Clubs until arrangements for administering medication have been agreed).	No <input type="checkbox"/>	Yes - please give details
Does your child suffer from any allergies?	No <input type="checkbox"/>	Yes - please give details
Does your child have any specific dietary requirements	No <input type="checkbox"/>	Yes - please give details
Any other relevant information that you feel we should know about your child - please give details.		
<p>For children attending Hatfield Peverel Infant or Junior School who have a Medical or Dietary Care Plan, a copy will automatically be given to club staff. Please sign below to give your consent for this. Care Plans and any medication to be administered need to be given to club staff before your child can start attending one/either club.</p>		

I consent to Sunrise Breakfast and/or Sunset After School Club staff holding a copy of my child's Individual Care Plan.

Signed: _____ Name: _____ Date: _____
 (Parent Carer)
 Name: _____