LAMBS LANE BREAKFAST CLUB/AFTER SCHOOL CLUB

**REGISTRATION FORM**

|  |  |
| --- | --- |
| Child’s Surname: | Boy/Girl |
| Child’s other names: | DOB: |
| Start date:  |  |

|  |  |
| --- | --- |
| I give permission for staff to seek medical attention for my child in an emergency | Yes/No |
| I confirm that I have completed all medical information on my Arbor account | Yes/No |
| I confirm that I have completed any special dietary requirements on my Arbor account | Yes/No |
| I have received and read the Lambs Lane Breakfast Club and After School ClubParents Handbook and agree to abide by the policies and procedures  | Yes/No |
| I confirm I have completed the consent on my Arbor Account | Yes/No |
| I confirm I have paid the £5 registration fee via the school shop on my Arbor account | Yes/No |

|  |  |
| --- | --- |
| Signed: | Date:  |
| Name: |  |
| Relationship to child: |  |

Please return the completed form to the school office for the attention of Miss B Hill

|  |
| --- |
| **OFFICE USE ONLY** |
| Added to Arbor: | Yes/No |
| Actioned by: |  |
| Scan & File: | Yes/No |