



Fairway Primary School

AFTER SCHOOL CLUB REGISTRATION FORM

Dear Parents/ Carers,

Please fill in the following information to request a place at Fairway's After School Club. Please return this form to the school office.

Kind regards,

AM White
Headteacher

I request a place for my child/ren at After School Club

Child's Name	Date of Birth	Class

Parent/ Carer Details

Please note that in the event of an emergency the person noted as 'Contact 1' will be our first point of contact.

	Contact 1	Contact 2
Name of Contact		
Address		
Relationship to Child		
Emergency Contact Number		
Does this person have legal responsibility?		

Please indicate on the table below which days you would like a place and the time you will pick up your child/ren.

Please tick which days you wish your child/ren to attend	MON	TUE	WED	THUR	FRI
Please circle required pick up time	4.30pm	4.30pm	4.30pm	4.30pm	4.30pm
	6pm	6pm	6pm	6pm	6pm

Please list below if your child has any special dietary requirements or food allergies

Name of child	Requirements/ allergies