



## Registration form - WACC 2022/2023

### 1<sup>st</sup> Child's Details

First name:	Surname:	What s/he likes to be called:
Date of birth and current age:  ____/____/20____  ____y/o	First language:	Child's teacher and year group:

### Breakfast Club Sessions requested (tick drop off time as required)

Monday	Tuesday	Wednesday	Thursday	Friday
<input type="checkbox"/> 7.30 am	<input type="checkbox"/> 7.30 am	<input type="checkbox"/> 7.30 am	<input type="checkbox"/> 7.30 am	<input type="checkbox"/> 7.30 am
<input type="checkbox"/> 8.00 am	<input type="checkbox"/> 8.00 am	<input type="checkbox"/> 8.00 am	<input type="checkbox"/> 8.00 am	<input type="checkbox"/> 8.00 am

We will accept your child from 7:30-8:30am breakfast will be provided. Your child/children will be taken to their classroom at 8:45am ready for registration.

### After School Club Sessions requested (tick pick up as required)

Monday	Tuesday	Wednesday	Thursday	Friday
<input type="checkbox"/> 4.30 pm	<input type="checkbox"/> 4.30 pm	<input type="checkbox"/> 4.30 pm	<input type="checkbox"/> 4.30 pm	<input type="checkbox"/> 4.30 pm
<input type="checkbox"/> 5.00 pm	<input type="checkbox"/> 5.00 pm	<input type="checkbox"/> 5.00 pm	<input type="checkbox"/> 5.00 pm	<input type="checkbox"/> 5.00 pm
<input type="checkbox"/> 5.30 pm	<input type="checkbox"/> 5.30 pm	<input type="checkbox"/> 5.30 pm	<input type="checkbox"/> 5.30 pm	<input type="checkbox"/> 5.30 pm
<input type="checkbox"/> 6.00 pm	<input type="checkbox"/> 6.00 pm	<input type="checkbox"/> 6.00 pm	<input type="checkbox"/> 6.00 pm	<input type="checkbox"/> 6.00 pm
<input type="checkbox"/> 6.30 pm	<input type="checkbox"/> 6.30 pm	<input type="checkbox"/> 6.30 pm	<input type="checkbox"/> 6.30 pm	<input type="checkbox"/> 6.30 pm

Please collect my child after his/her extracurricular activity at school and escort to the club.  
Many clubs start/finish at different times. We are happy to meet your requirements. Please give details here:

### 2<sup>nd</sup> Child's Details

First name:	Surname:	What s/he likes to be called:
Date of birth and current age:  ____/____/20____  ____y/o	First language:	Child's teacher and year group:

### Breakfast Club Sessions requested (tick drop off time as required)

Monday	Tuesday	Wednesday	Thursday	Friday
<input type="checkbox"/> 7.30 am	<input type="checkbox"/> 7.30 am	<input type="checkbox"/> 7.30 am	<input type="checkbox"/> 7.30 am	<input type="checkbox"/> 7.30 am
<input type="checkbox"/> 8.00 am	<input type="checkbox"/> 8.00 am	<input type="checkbox"/> 8.00 am	<input type="checkbox"/> 8.00 am	<input type="checkbox"/> 8.00 am

We will accept your child from 7:30-8:30am breakfast will be provided. Your child/children will be taken to their classroom at 8:45am ready for registration.

### After School Club Sessions requested (tick pick up time as required)

Monday	Tuesday	Wednesday	Thursday	Friday



<input type="checkbox"/> 4.30 pm	<input type="checkbox"/> 4.30 pm	<input type="checkbox"/> 4.30 pm	<input type="checkbox"/> 4.30 pm	<input type="checkbox"/> 4.30 pm
<input type="checkbox"/> 5.00 pm	<input type="checkbox"/> 5.00 pm	<input type="checkbox"/> 5.00 pm	<input type="checkbox"/> 5.00 pm	<input type="checkbox"/> 5.00 pm
<input type="checkbox"/> 5.30 pm	<input type="checkbox"/> 5.30 pm	<input type="checkbox"/> 5.30 pm	<input type="checkbox"/> 5.30 pm	<input type="checkbox"/> 5.30 pm
<input type="checkbox"/> 6.00 pm	<input type="checkbox"/> 6.00 pm	<input type="checkbox"/> 6.00 pm	<input type="checkbox"/> 6.00 pm	<input type="checkbox"/> 6.00 pm
<input type="checkbox"/> 6.30 pm	<input type="checkbox"/> 6.30 pm	<input type="checkbox"/> 6.30 pm	<input type="checkbox"/> 6.30 pm	<input type="checkbox"/> 6.30 pm

Please collect my child after his/her extracurricular activity at school and escort to the club.  
 Many clubs start/finish at different times. We are happy to meet your requirements. Please give details here:

**3rd Child's Details**

First name:	Surname:	What s/he likes to be called:
Date of birth and current age:  ____/____/20____  ____y/o	First language:	Child's teacher and year group:

**Breakfast Club Sessions requested (tick drop off time as required)**

Monday	Tuesday	Wednesday	Thursday	Friday
<input type="checkbox"/> 7.30 am	<input type="checkbox"/> 7.30 am	<input type="checkbox"/> 7.30 am	<input type="checkbox"/> 7.30 am	<input type="checkbox"/> 7.30 am
<input type="checkbox"/> 8.00 am	<input type="checkbox"/> 8.00 am	<input type="checkbox"/> 8.00 am	<input type="checkbox"/> 8.00 am	<input type="checkbox"/> 8.00 am

We will accept your child from 7:30-8:30am breakfast will be provided. Your child/children will be taken to their classroom at 8:45am ready for registration.

**After School Club Sessions requested (tick pick up time as required)**

Monday	Tuesday	Wednesday	Thursday	Friday
<input type="checkbox"/> 4.30 pm	<input type="checkbox"/> 4.30 pm	<input type="checkbox"/> 4.30 pm	<input type="checkbox"/> 4.30 pm	<input type="checkbox"/> 4.30 pm
<input type="checkbox"/> 5.00 pm	<input type="checkbox"/> 5.00 pm	<input type="checkbox"/> 5.00 pm	<input type="checkbox"/> 5.00 pm	<input type="checkbox"/> 5.00 pm
<input type="checkbox"/> 5.30 pm	<input type="checkbox"/> 5.30 pm	<input type="checkbox"/> 5.30 pm	<input type="checkbox"/> 5.30 pm	<input type="checkbox"/> 5.30 pm
<input type="checkbox"/> 6.00 pm	<input type="checkbox"/> 6.00 pm	<input type="checkbox"/> 6.00 pm	<input type="checkbox"/> 6.00 pm	<input type="checkbox"/> 6.00 pm
<input type="checkbox"/> 6.30 pm	<input type="checkbox"/> 6.30 pm	<input type="checkbox"/> 6.30 pm	<input type="checkbox"/> 6.30 pm	<input type="checkbox"/> 6.30 pm

Please collect my child after his/her extracurricular activity at school and escort to the club.  
 Many clubs start/finish at different times. We are happy to meet your requirements. Please give details here:

**Please book my child in for the days and times indicated above. I will let you know in advance if my child will not be attending a booked session. I understand that the Club cannot give refunds for any sessions that I have booked but which my child does not attend without 24 hours notice or absence from school.**

**Parent/Guardian details**

Title:	First name:	Surname	Title:	First name:	Surname
Home address:			Home address (if different):		
Does this child normally live at this address? Yes / No			Does this child normally live at this address? Yes / No		
Work address:			Work address:		



Home tel:	Mobile :	Work tel:	Home tel:	Mobile :	Work tel:
Email address:			Email address:		
Does this person have parental responsibility? Yes/No			Does this person have parental responsibility? Yes/No		
Does anyone else have parental responsibility for this child? Yes / No (If yes, please provide details)					

**Emergency Contact Details** (please provide details of two people we can contact if we are unable to get hold of you)

Name:	Home number:	Mobile number:
Address:		Relationship to the child:
Name:	Home number:	Mobile number:
Address:		Relationship to the child:

**About your child**

Please detail any additional/special needs your child has: (please provide full details)
Please detail any dietary requirements / food allergies for your child: (please provide full details)
Is there anything your child doesn't like (food, games etc) or is scared of?
What are your child's favourite activities?

Signature of Parent/Carer: \_\_\_\_\_

Date: \_\_\_\_\_