

"Sandford After Schoolers (SAS)"

Sandford Primary School

Registration form

Child's Name:.....

Date of Birth:..... Class

Home Address.....

.....

Fax No: E-Mail:

Name of Parent / Guardian:

Daytime Contact Tel No..... Evening Contact No.....

Mobile No:.....

Emergency Contact: Name:

Tel No:.....

Details of any Special Needs:

Details of any Cultural &/or Religious needs:.....

Medical conditions, Allergies and Medication:

Dietary Needs:.....

Doctors Name and Tel No.....

I give permission for the following:

Please delete if permission not given

- I give consent for emergency treatment if necessary.
- To participate in photographs and videos shots within a play activity.
- My child to have his/her face painted.

I confirm that I have read a copy of the Terms and Conditions of the "Breakfast Bunch Club" and agree to abide by them. The relevant school policies & statements are available to read in the office.

Signature:.....
(Parent or Guardian)

Date:

Name Printed:

July 2011