

**Ashton West End Primary Academy**

**Before & After School Registration Form**

**Child’s Name: D.O.B: Class:**

**Parent / Carer 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 number: | |  | | Home number: | |  | |
| Mobile number: | |  | | Mobile number: | |  | |
| Work number: | |  | | Work number: | |  | |
| 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 on separate sheet.) | | | | | | | |

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

|  |  |  |
| --- | --- | --- |
| Name: | Telephone number: | Mobile number: |
| Address: | | Relationship to the child: |
| Name: | Telephone number: | Mobile number: |
| Address: | | Relationship to the child: |

# Child’s Doctor

|  |  |
| --- | --- |
| Name of Doctor: | |
| Address: | Telephone: |

**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:

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**Please return to** [**admin@awepa.org.uk**](mailto:admin@awepa.org.uk)