

# Holy Family Catholic Primary School

Ongar Hill  
Addlestone

Surrey  
KT15 1BP

Tel: 01932 846366



## Your child is accepted at The Holy Family School Breakfast and/or After Club subject to the following conditions:

1. Your child must be registered with the club.
2. Fees are payable in advance either weekly or monthly – by the on-line system.
3. Sessions cannot be exchanged, but you may book additional sessions when needed, subject to availability.
4. Non-payment of fees will result in your child's place being withdrawn.
5. A £5 (per 5 minute) levy is incurred if your child is picked up late from any session.

### Please delete below as appropriate:

I hereby give/do not give\* permission to staff at The Holy Family School Breakfast and After School Club to give First Aid treatment to my child. In the case of an emergency during the Club's hours, I authorise the Club staff to sign any written form of consent required by the hospital authorities, if the delay in getting my signature is considered by the doctor to endanger my child's health and safety.

I hereby declare, that I the undersigned, understand the contract as set out above. I accept that it is legally binding, and that the information I have given is correct to the best of my knowledge.

Signed: \_\_\_\_\_ Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Date: \_\_\_\_\_

## THE HOLY FAMILY SCHOOL BREAKFAST AND AFTER SCHOOL CLUB

### REGISTRATION FORM - STRICTLY CONFIDENTIAL



Headteacher: Mr S Tindall

Email: [info@holy-family.surrey.sch.uk](mailto:info@holy-family.surrey.sch.uk)

[www.holy-family.surrey.sch.uk](http://www.holy-family.surrey.sch.uk)



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All children who attend this club must be registered with us. Children will remain at the club until collected by a named adult.

**To be completed for each child:**

Full name of Child	Date of Birth
Mother's Name	Father's Name
Home Address	
Postcode	Telephone number
Contact email address	
Contact details (in case we need to contact you during working hours)	
Mother's Details	Father's Details
Name and contact details of other person authorised by parents to collect the child if different from the above 1.	
Name and contact details of a second person authorised by parents to collect the child in an emergency	



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2.

Name of Family Doctor

Surgery Address

Telephone

Does your child have any known medical problems or allergies? Please give details.

Does your child have any additional needs and what additional support may your child need at the club?

Does your child have any special dietary requirements? Please give details

What is your child's home language ?

Is there any background information on your child which may help us to understand your child better? Eg, fears, any recent family events which may have affected your child?



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