



Golden Eagle Care Registration Form

Pupil Forename:	Pupil Surname:
Date of Birth:	Class:

1 Parent/Carer Details

Parent/Carer's Name:	Relationship with Child:
Mobile Number:	Home Number:

2 Parent/Carer Details

Parent/Carer's Name:	Relationship with Child:
Mobile Number:	Home Number:

Emergency Contact Information *(must be different from parent/carer)*

1	Name:	Relationship with Child:	
Address:		Home No:	Mobile:
2	Name:	Relationship with Child:	
Address:		Home No:	Mobile:

Medical Information

Any Known Allergies:	Medical History/Conditions:
Specific Dietary Requirements:	
I give permission for first aid to be administered to my child should they require it and for St John's Walham Green Primary School Golden Eagle Care to seek medical assistance if this is required.	
Signed:	Print Name:

Sunset Club Collection Arrangements: My child will be collected from by:

1. Name:	
Contact Number:	Mobile:
2. Name:	
Contact Number:	Mobile:

Please Note: Children **MUST** be collected **ON TIME (6.00pm)** by a named person who is over 16 years of age.

If you are paying by childcare vouchers, please complete the Childcare Voucher Form and return to the school.

I have read the *Golden Eagle Care Parents Information Booklet* and sign below to confirm registration of my child and my parental responsibilities of using Golden Eagle Care.

Signed: **Print name:** **Dated:**.....