



Golden Eagle Care

Registration Form

Child's Details

Date of Registration:	
Full Name of Child:	Chosen Name:
Date of Birth:	Class:

1 Parent/Carer Details

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

2 Parent/Carer Details

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

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

1	Name:	Relationship with Child:
	Address:	Home Number:
		Mobile Number:
2	Name:	Relationship with Child:
	Address:	Home Number:
		Mobile Number:

Medical Information

Any Known Allergies:	
Medical History/Conditions:	
Specific Dietary Requirements:	
GP Details - Surgery Address:	Name: Dr.
	Telephone Number:

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:

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** by a named person who is over 16 years of age.

Start Date:

Attendance Requirements (Please tick)

CLUB	Monday	Tuesday	Wednesday	Thursday	Friday
Sunrise 8:00 – 8:45 a.m.					
Sunset 3:15 – 6:00 p.m.					

AD HOC ATTENDANCE: I do not have a weekly need to use the provision, but require the service on ad hoc occasions, which I will book in advance of the dates needed.	
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Fees

CLUB	In Advance	On The Day
Sunrise	£4.00	£5.00
Sunset	£11.00	£15.00
Sunrise & Sunset <i>same day</i>	£13.00	

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:.....