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# Treehouse Breakfast and After School Club

## **Registration Form**

(From January 2018)

#### Please complete one form per child

Child's Surname	Forename
Child's Date of Birth//	Current school year
Address	
	Postcode
Parent/Carer Name (Please print)	
Home Telephone Mobil	e Telephone
Work Telephone Emai	ıl
Emergency Contacts Please give at least 2 alternatives to the above co any changes.	ntact and keep Treehouse Club informed of
1) Emergency Contact Name	Relationship to Child
Home tel Mobile tel	Work tel
2) Emergency Contact Name	Relationship to Child
Home tel Mobile tel	Work tel
Collection Please give the names of any other people allowed to above:	o collect your child in addition to those listed
1	
2	
3	

### **Photograph Permission**

Medical and Dietary Information

I give permission for photographs of my child to be taken within the Treehouse Club to be used for displays, observations, the Club's scrapbook and newsletters: YES/NO (please circle).

#### **Film Permission**

I give permission for my child to watch suitable PG rated films: YES/NO (please circle).

medical and Dietal y information
Medical Conditions
Allergies
Dietary Requirements (eg Vegetarian)
Other Relevant Information
Parent/Carer Signature

