

Bathampton Primary School
All Stars Clubs Registration Form

Pupil Details	
Surname:	Forename:
Middle Name(s):	Chosen Name:
Gender: M / F	Date of Birth:
Address:	
Post Code:	

Contact Details (Main Carer) Emergency Contact 1		
Title:	Surname:	Forename:
Home Phone:		Work:
Mobile:		E-mail:
Address:		
Post Code:		
Relationship:		

Contact Details (Additional Carer) Emergency Contact 2		
Title:	Surname:	Forename:
Home Phone:		Work:
Mobile:		E-mail:
Address:		
Post Code:		
Relationship:		

Emergency Contacts			
Please give details of at least one person, in addition to the two contacts above, who can be contacted in an emergency placing them in the order you wish them to be contacted.			
Name	Relationship	Home Phone	Work/Mobile

Medical Information

Doctor : Address:	Medical Conditions:
Telephone:	Medical Notes:
	Disabilities:

Additional Information - Please complete all boxes

Photography allowed? Y/N	
First Language:	Other Languages:
Dietary Requirements:	Allergies:
Any other information about the child's circumstances:	

Parent's Name	
Signature	
Date	

After School Club	
Breakfast Club	
Late Pick-Up Club	