



Whiteknights

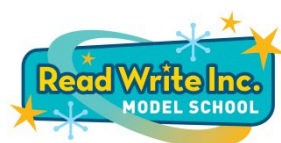
Growing Greatness

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Headteacher Mr F Walker
 @wokingham_knight
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Whiteknights Breakfast Club and After School Club Registration Form

Please complete all sections in block capitals.

| | | | |
|---|----------------|------------------|-------------|
| Child's Forename: | | Child's Surname: | |
| Male / Female (please circle) | Date of Birth: | Age: | |
| Home Address (please include postcode): | | | |
| School Attended and Class - Infants or Juniors: | | | |
| Full Name of First Parent/Carer: | | | |
| First Parent/Carer Contact Details: | Home Tel: | Work Tel: | Mobile Tel: |
| First Parent/Carer Email Address: Preferred Email Address: Yes / No | | | |
| Second Parent/Carer Contact Details: | Home Tel: | Work Tel: | Mobile Tel: |
| Second Parent/Carer Email Address: Preferred Email Address: Yes / No | | | |
| Name of person who will usually collect child: | | | |
| Name and Address of alternative local emergency contact: | | | |
| Home Tel: | | Mobile Tel: | |
| Please give any other information about your child that may be useful to staff: | | | |
| Please circle yes or no for each statement: | | | |
| I have read and understood and agree to the Terms, Conditions and Policies. | | Yes / No | |
| I agree to the above named child receiving emergency medical treatment. | | Yes / No | |
| I confirm that it is my responsibility to ensure my child's medical and dietary information is kept up to date. | | | |
| Signed by (Parent/Guardian): Date: | | | |
| Full name (please print): | | | |
| Note – if a person other than those stated on this Registration Form is to collect your child/ren, the club must be notified of this in advance. | | | |



WOKINGHAM
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