Clifton-upon-Teme Primary School
Inspiring Minds, Shaping Futures

After-School Club
Manager: Mr D Wimbury
Email: cliftonascb@gmail.com

After-School Club Registration Form ~ one per child

Child's Full Name:	Date of Birth:
Name Parent 1:	Name Parent 2:
Address:	Address:
Home No:	Home No:
Mobile No:	Mobile No:
Email:	Email:
Other people who are authorised to pick up your child in your absence:	
Name:	Relationship:

Start Date:				
Requirements (please tick)				
	3pm – 4pm	3pm – 5pm	3pm – 6pm	Other (please state)
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Please stipulate periods to be booked				
Autumn	1st half Y/N		2nd half Y/N	All term Y/N
Spring	1st half Y/N		2nd half Y/N	All term Y/N
Summer	1st half Y/N		2nd half Y/N	All term Y/N

I/we understand that cancellations of bookings are only accepted in accordance within the terms of the Bookings and Advance Reservation Policy.

Signature(s)…… Date……

Office use only		
File created Date:	Password/ID agreed Date:	Additional Forms Date: