



Welcome to Alverstoake Cabin Crew Registration Form



Child's Details

Forename (on birth certificate/passport)			
Surname (on birth certificate/passport)		Male/Female	
To be known as			
Middle names			
Date of birth			
Address			
Postcode			
Home telephone no.		Mobile	
E-mail Address			

Parents'/Carers' Details (who share responsibility for the child)

School correspondence and information is communicated to parents/carers via email and text message, **please ensure Parent/Carer 1 is the primary contact for email, text messages.**

Name of Parent/Carer 1		Name of Parent/Carer 2 (If applicable)	
Title: Mr/Mrs/Miss/Ms/Dr		Title: Mr/Mrs/Miss/Ms/Dr	
Address		Address	
Mobile Number		Mobile Number	
Work Number		Work Number	
Home Number		Home Number	
Email		Email	

Emergency Contacts (other than Parent/Carer)

1. Name & Surname	
Relationship	
Telephone number	
2. Name & Surname	
Relationship	
Telephone number	

Medical Information

If your child has any health concerns, diagnosed conditions or diagnosed allergies please speak directly with a member of the school office team who will provide you with the relevant information and forms.

Family Doctor		Other services involved.
Name		
Surgery &		
Contact Number		

Medical Conditions (e.g. Asthma, Eczema)

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Permissions – Please indicate if you give permission to the following for your child;

Photographs/Video (Please tick the box if you give permission)

This will include the school's social media, school website, local and national press.
Please note children's surnames will not be used.

Regular Pick Up

Password:

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Please include all people that may collect your child on a regular basis

Name		Name	
Relationship		Relationship	
Name		Name	
Relationship		Relationship	

Is there any other information you feel we should be aware of: e.g. special diet, religious considerations, split/reconfigured family (for the purpose of additional school reports and parent teacher appointments).

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ATTENDANCE REQUEST

Please indicate which sessions you would like to book:

	Breakfast session 7.30-8.45am	After School session (Early) 3.00-4.15pm	After School session (After Clubs) (4.00-5.45pm)	After School session (Late) 3.00-5.45pm
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

If you wish to use Childcare Vouchers please provide details below

Name of Provider

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I can confirm that the information given is correct.

I have read and understand the terms and conditions enclosed with this document and agree to work in partnership with the school.

Name (Parent/Carer 1)

Signed..... Date.....

Name (Parent/Carer 2)

Signed..... Date.....

If at any time any details change, please ensure that the school office is notified at the earliest opportunity.

Please ensure all sections have been completed.

Many thanks