



**ST CATHERINE'S AFTER-SCHOOL CLUB
REGISTRATION FORM**

Child's name Class

It is important for us to know who will be collecting your child from After-School Club.

Collection by Parent

I will be collecting my own child(ren) from After-School Club, except in exceptional circumstances, when I will inform the school of my arrangements.

Signed **Print Name** **Date**

Signed **Print Name** **Date**

Alternative Arrangements

My child(ren) may be collected by

Name: Relationship to child.....

Name..... Relationship to child.....

Signed **Print Name** **Date**

ST CATHERINE'S AFTER-SCHOOL CLUB REGISTRATION FORM (CONTINUED)

Emergency Contacts – Name and Phone Numbers

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Medical Information

Please let us know any medical information of which you feel we should be made aware in relation to your child(ren), e.g. allergies, special dietary requirements, asthma, etc.

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Data Protection Act 1998 and GDPR 2018

The data collected on this form will only be used for the administrative purposes of St Catherine's Catholic Primary School for the After School Club and will not be disclosed to any external sources without your express written consent. These records will be treated as strictly confidential and handled in compliance with the provisions of the Data Protection Act 1998 and GDPR 2018. Please see our website for more information regarding our Data Protection Policy.