Application Form 2026-2027

CHILD INFORMATION	
Surname:	Forename:
Address: Postcode: Telephone Number:	
Date of Birth:	
Gender:	Ethnicity:
Home Language:	
Religion:	
Other Siblings in School:	

Booking Request Please tick the boxes below to indicate your weekly requirements.

Academic Year 2026/2027	Breakfast Club	After School Club		
	7.45 – 8.45am	**(1)** 3.15 – 4.15pm	**(2)** 3.15 – 5.15pm	**(3)** 3.15 – 6.00pm
MONDAY				
TUESDAY				
WEDNESDAY				
THURSDAY				
FRIDAY				

Office Use

Date received					
Arbor		SchoolMoney		Place confirmed	

Contact Details

PARENT/CARER INFORMATION*	
Main Parent Contact:	**Second Parent Contact:**
Surname: Ms/Miss/Mrs/Mr	Surname: Ms/Miss/Mrs/Mr
Forename:	Forename:
Address:	Address:
Home Telephone:	Home Telephone:
Mobile:	Mobile:
Email Address:	Email Address:
Work Address:	Work Address:
Work Telephone:	Work Telephone:

***Name and address of person/s with legal parental responsibility**

ALTERNATIVE CONTACT INFORMATION	
Details of other person/s collecting child, if different from above. Children will only be allowed to leave with a person named on this registration form.	
Surname: Ms/Miss/Mrs/Mr	Surname: Ms/Miss/Mrs/Mr
Forename:	Forename:
Address:	Address:
Telephone:	Telephone:
Relationship to child:	Relationship to child:

Family Code Word:	

Medical & Personal Details

MEDICAL DETAILS	
Doctor's Name:	
Doctor's Address:	
Doctor's Telephone:	
Does your child have any known medical conditions? Please state:	
Does your child have any known allergies or major dislikes (i.e. foods/materials)?	
Dietary Preference:	No Preference / Vegetarian / Vegan
Any other relevant information about your child you may wish to share with us:	

Medical and Emergencies:

In the event that my child is involved in a serious accident I expect to be contacted immediately on the telephone numbers provided by me.

In the event that my child requires immediate medical treatment before I can get to the hospital or I am unable to be contacted, I hereby authorise the staff member present to consent to any emergency medical treatment necessary to ensure the health and safety of my child on my behalf.

Parent Name			
Signature		**Date**	

Parent/Carer Agreement

Declaration

I consent for my child to attend Hedgehogs. I understand that the club has policies and procedures and that there are expectations and obligations relating to both myself and my child. I have read and understood the Hedgehogs Wrap Around Care Handbook and Terms & Conditions and agree to abide by them.

I will pay promptly for sessions even when my child does not attend and understand that my account is to be in credit, unless other arrangements have been made with the school.

It is my responsibility to keep the office/Club Leader informed of any alterations to the information regarding my child.

Parent Name		Parent Name	
Signature		Signature	
Date		Date	

Thank you for your attention with these points. Any queries, please let us know.

We look forward to welcoming you and your child to Hedgehogs.

Please return all completed forms to the school office

For any queries:
Lisa Suttle: 01543 223680 / office@fivespiresacademy.co.uk