We See Jesus In Everything We Do



St Edward's Catholic First School, Parsonage Lane, Windsor SL4 5EN

Head Teacher: Mrs Sarah Matthews Telephone: 01753 860607 Email: office@secfs.org.uk

Website: www.stedwardscatholicfirstschool.co.uk

Extended Hours Care Registration Form

Please complete one form per child

Breakfast Club runs from 7.15am – 8.30am, Monday to Friday at a daily cost of £6.00 if pre-booked & £7.00 if not booked and children attend ad hoc.

Cuckoo Club runs from 3.15pm to 6.00pm, Monday to Thursday and 3.15pm to 5.30pm on a Friday, at a daily cost of £12.00 if pre-booked & £15.00 on the day, if booked through the office.

Late pickups will be charged at £5 for every 5 minutes after 6.00pm.

Breakfast & Cuckoo Club term time opening & closing dates are on the school calendar on our website.

Child's Details

Child's Surname	Child's First Name	
Date of Birth	Child's Class	
First Language		

Primary Carer

Name	Mobile phone	
Relationship to child	Parental Responsibility? *	Yes / No
Home address	Home Phone Work Phone	
Email	*If parental responsibility restrictions apply, please advise club administrator	

Second Carer

Name	Mobile phone	
Relationship to child	Legal Parental Responsibility? *	Yes / No
Home address	Home Phone/ Work Phone	
Email	*If parental responsibility restrictions apply, please advise club administrator	

	nable to contact either of the first child and a password to be given		ive details of an additional adult who
Name		Mobile phone	
Home address		Relationship t	0
	d to be collected in an emergency by an inndividual's name, and the individual will u		nis form, I will contact the club administrator to when collecting my child.
Practice Name		Address	
Phone number		Registered Doctor	
Allergies, Dietar	y Requirements, Medical Conditio	ns – Please enter 'No	ONE' if applicable
by the cond Fees must I understan I will advise I give perm I give perm serious acc I understan deemed ne I am aware	ditions in the Policies and Procedures doc be paid in advance in order to book d that if I collect my child late from Cucke the school office if any of the details on ission for a trained member of staff to ad ission for staff to seek any emergency me ident. Should this happen, I will be contained d that the information on this form is concessary that staff have an obligation to report such	ument, available on the son the son Club I will incur charge this form change (contact minister First Aid if required advice or treatment cted by the club immediantidential, but that it may spected child abuse and proceded the contact of the cont	es which will become payable within one week ts, numbers, allergies, medical conditions etc)
Child's Name			
Parent's Signatu	-e		
Parent's Name (olease print)		

Nov 2023

Date _____