## The Queen Anne Royal Free CE First School Drop and Stop and Stay & Play Registration Form September 2023– July 2024

Name of Child Home address					
Name of parent/Guardian					
Email address	Contact teleph	none number(s)			
Lilian address			Contact telepi	ione number(s)	
Name of second person to contact			Home address		
Telephone number(s)					
Are there any medical conside	rations that shoul	ld be borne in mir	nd by the Extende	d Schools team?	If yes, please
give details here:			•		
Are there any Dietary considerations that should be borne in mind by the Extended Schools team? If yes, please					
give details here:					
Please state the days of the week you would like to book with an (X)					
	,	,		,	
	Monday	Tuesday	Wednesday	Thursday	Friday
Drop & Stop from 8am					
Stay & Play – 4:30pm Stay & Play – 6pm					
Stay & Flay - Optil					
If you sign your child u	<u>up to attend an af</u>	ter school club-pl	ease can you also	inform the school	ol office.
I understand that the club fees s	should be naid in	advance unless a	n excentional arr	angement has be	an agreed with
the Headteacher.	siloulu be palu ili	auvance uniess a	in exceptional and	angement has be	en agreed with
I understand no refunds can be	given if my child	does not attend.			
I will advise the school in advan	ce if my child will	not be attending	a session		
I agree that my child can be give		st aid			
I confirm receipt of the Policy ar					
I agree to collect my child on tim I agree to keep my child at hom					
ragree to keep my child at nom	e ii uriweii				
Circus d		_	2-4-		
Signed		L	Date		

I understand that by signing this registration form I am confirming I have read and agree to the terms and conditions set out in the Extended Schools Policy.