



# Whiteknights

Growing Greatness

**Whiteknights Primary School**  
Fairlawn Green, Shinfield Rise,  
Reading, Berkshire, RG2 8EP  
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[www.whiteknights.wokingham.sch.uk](http://www.whiteknights.wokingham.sch.uk)  
@wokingham\_knight   
Headteacher: Mrs B Reynolds

## Whiteknights Breakfast Club and After School Club Registration Form

Please complete all sections in block capitals.

Child's Forename:		Child's Surname:	
Male / Female (please circle)	Date of Birth:	Age:	
Home Address (please include postcode):			
Whiteknights Registration Form:			
Full Name of First Parent/Carer:			
First Parent/Carer Contact Details:	Home Tel:	Work Tel:	Mobile Tel:
First Parent/Carer Email Address:			
Full Name of Second Parent/Carer:			
Second Parent/Carer Contact Details:	Home Tel:	Work Tel:	Mobile Tel:
Name of person/people who will usually collect child:			
Name and Address of alternative local emergency contact:			
Home Tel:		Mobile Tel:	
Please provide us with details about any dietary requirement that Breakfast and After School Club should be aware of:			
Please provide us with details about any medical conditions that Breakfast and After School Club should be aware of:			
<p><b>I confirm that I have read, understood and agree to the Terms, Conditions and Policies.</b>  <b>I confirm that it is my responsibility to ensure my child's medical and dietary information is kept up to date.</b>  <b>I agree to the above named child receiving emergency medical treatment.</b></p> <div style="display: flex; justify-content: flex-end; gap: 20px;"> <input type="checkbox"/> Yes         <input type="checkbox"/> No       </div>			
Signed by (Parent/Guardian): ..... Date: .....			
Full name (please print): .....			
<p><b>Note – if a person other than those stated on this Registration Form is to collect your child/ren, the club must be notified of this in advance.</b></p>			

