



Whiteknights

Growing Greatness

Whiteknights Primary School
Fairlawn Green, Shinfield Rise,
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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):			
School Attended and Class - Infants or Juniors:			
Full Name of First Parent/Carer:			
First Parent/Carer Contact Details:	Home Tel:	Work Tel:	Mobile Tel:
First Parent/Carer Email Address: Preferred Email Address: Yes / No			
Second Parent/Carer Contact Details:	Home Tel:	Work Tel:	Mobile Tel:
Second Parent/Carer Email Address: Preferred Email Address: Yes / No			
Name of person who will usually collect child:			
Name and Address of alternative local emergency contact: Home Tel: _____ Mobile Tel: _____			
Please give any other information about your child that may be useful to staff:			
Please circle yes or no for each statement: I have read and understood and agree to the Terms, Conditions and Policies. Yes / No I agree to the above named child receiving emergency medical treatment. Yes / No I confirm that it is my responsibility to ensure my child's medical and dietary information is kept up to date via the SIMS Parent App. Signed by _____ Date: _____ (Parent/Guardian): _____ Full name (please print): _____			
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.			