



SHERBORNE PRIMARY SCHOOL

Harbour Way Sherborne Dorset DT9 4AJ
Telephone 01935 812619 Fax 01935 817943
e-mail office@sherbornepri.dorset.sch.uk
Website www.sherbornepri.dorset.sch.uk



Headteacher: Mr Ian Bartle BA Ed (Hons) NPQH

SCAPA REGISTRATION FORM

To be completed in **BLACK INK** and in **BLOCK CAPITALS** please

Child's Surname:	Child's Forename(s):
Preferred name:	Boy <input type="checkbox"/> Girl <input type="checkbox"/>
Address:	Postcode:
Date of Birth:	
Next of Kin:	Relationship to Child:
Religion:	Ethnic Origin:
FULL Name of Parents/Guardians:	
Mother: (other)	Father: (other)
Address: As Above <input type="checkbox"/>	Address: As Above <input type="checkbox"/>
Postcode: <input type="checkbox"/>	Postcode: <input type="checkbox"/>
Tel. Home:	Tel. Home:
Tel. Work:	Tel. Work:
Mobile:	Mobile:
Email:	Email:
Name of School child is currently attending (Primary Setting)	
Details of alterative person to collect:	
Name:	Relationship to child:
Address:	Tel Number:



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Details of Child's Doctor:		
Name:		
Address:	Telephone Number:	
Does your child have any medical problems?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Please provide details:
Does your child have any known allergies?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Please provide details:
Does your child have any major dislikes? e.g. certain foods?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Please provide details:
Any other information:		
Will your child attend a club on: Regular days: <input type="checkbox"/> A casual basis: <input type="checkbox"/>	When would you like your child to start the club?	Does your child have a 1:1 TA in school?
I agree by signing the SCAPA Registration form that I will accept the club rules as set out in the SCAPA Agreement and rules. Yes <input type="checkbox"/> No <input type="checkbox"/>		
I agree to photos being taken of my child/children Yes <input type="checkbox"/> No <input type="checkbox"/>	I agree for my child/children's photos to be used on social media. Yes <input type="checkbox"/> No <input type="checkbox"/>	
Some of the routine activities of the club may involve visiting parks or short trips including swimming. For your child to take part in these activities you must give permission. I Agree to my child taking part in the activities described above. Yes <input type="checkbox"/> No <input type="checkbox"/>		
I consent to any emergency medical treatment necessary during the running of the club. Yes <input type="checkbox"/> No <input type="checkbox"/>		
Signed: and please print:	Date:	



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