Sherborne Primary School
Harbour Way, Sherborne
Dorset, DT9 4AJ
office@sherbornepri.dorset.sch.uk
Tel: 01935 812619
Executive Headteacher: Mr Ian Bartle BA Ed (Hons) NPQH
Head of School: Mrs Felicity Griffiths BA Hon QTS

SCAPA REGISTRATION FORM

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

Child's surname:	Child's forename(s):
Preferred name:	Boy ☐ Girl ☐
Address: Postcode:	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 ☐ Postcode:	Address: As Above ☐ Postcode:
Tel. Home:	Tel. Home:
Tel. Work:	Tel. Work:
Mobile: Email:	Mobile: Email:
Name of School/establishment child is currently attending (Primary setting):	
Details of alternative person to collect:	
Name:	Relationship to child:
Address:	Telephone Number:
Details of Child's Doctor:	
Name:	
Address:	

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Telephone Number:		
Does your child have any known medical problems?	No ☐ Yes ☐ Please provide details:	
Does your child have any known allergies?	No ☐ Yes ☐ Please provide details:	
Does your child have any major dislikes? e.g. certain foods/materials	No ☐ Yes ☐ Please provide details:	
Any other information:		
Will your child attend the club on: Regular days: ☐ A casual basis: ☐	When would you like your child to start at 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 including the Behaviour Policy. Yes ☐ No ☐		
I agree to photos being taken of my child/children. Yes ☐ No ☐	I agree for my child/children's photos to be used on social media. Yes ☐ No ☐	
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 your permission. I agree to my child taking part in the activities described above. Yes ☐ No ☐		
I consent to any emergency medical treatment necessary during the running of the club. I authorise the play/care staff to sign any written consent required by the Hospital Authorities if the delay in getting my signature is considered by the doctor to endanger my child's health and safety. Yes ☐ No ☐		
Where did you hear about SCAPA?		
Signed: and please print:	Date:	
STAFF USE ONLY: Registration Form Received by: Date:		