# Breakfast / After School Club

## Registration form

Please complete and return this form to place your child on our waiting list.

**Child's details**

| | | | |
|---|---|---|---|
| Surname: | | First name(s): | |
| Known as: | | First language | |
| Nationality: | | Second language: | |
| Date of Birth: | | Gender: (Optional) | |
| Who lives in my house: | | | |

**Parent / Guardian Details**

| | | |
|---|---|---|
| Name: | | Main Carer: Yes / No |
| Home Address: | | |
| Post Code: | | |
| Home Tel No: | | |
| Mobile Number: | | |
| Email Address: | | |
| Occupation | | |

**Parent / Guardian Details**

| | | |
|---|---|---|
| Name: | | Main Carer: Yes / No |
| Home Address: | | |
| Post Code: | | |
| Home Tel No: | | |
| Mobile Number: | | |
| Email Address: | | |
| Occupation: | | |

# Breakfast / After School Club

## Registration form

Breakfast Club

| Drop Off Time | Monday | Tuesday | Wednesday | Thursday | Friday |
|---|---|---|---|---|---|
| 7.30am | | | | | |
| 8.00am | | | | | |

After School Club

| Collection Time | Monday | Tuesday | Wednesday | Thursday | Friday |
|---|---|---|---|---|---|
| 4.15pm | | | | | |
| 5.15pm | | | | | |

| Preferred term to start Please tick | |
|---|---|
| Jan 2027 | |
| April 2027 | |
| Sept 2027 | |

| Age of Child at Start Date: | |
|---|---|
| School Class child is in: | |
| Does your child receive any additional support in school? | |

Please note we will contact you the half term before your desired start date to let you know if we are able to accommodate your child. If your contact details change, or if you no longer require a place, please let us know.

Here at Scarning Pre School we take your privacy seriously and will only use your personal information to manage your account and provide tailored care to your child. From time to time we will need to contact you, via phone, and email to provide you with Pre School updates, share relevant news and send any childcare invoices. We will input your data into a system called Instant Nursery Manager, which helps us manage our Pre School smoothly.

Your data is held securely and can only be accessed by authorised personnel. Personal information will not be shared with any third parties. Signing this confirms you have read and understood the above statement and gives us consent to contact you regarding relevant matters.

Signed by . . . . . Date . . . . . .

Please return this form to:
Scarning Pre School, Dereham Road, Scarning
Dereham, NR19 2PW
mail@scarningpreschool.co.uk