Dulwich Hamlet



Dulwich Village London SE21 7AL

Tel: 020 7525 9188 / 9189 Fax: 020 7525 9187 Answerphone: 020 8693 3705

Email: office@dulwichhamletjuniorschool.org.uk

Executive Headteacher: Mrs Sonia Case Head of School: Mrs Claire Purcell

Breakfast & After School Care Registration Form

Please ensure all sections are fully completed (in ink), sign on the reverse and return to the school office.

Child's full name:					
Male / Female:				Date of	
				birth:	
School:				Class:	
Scriooi.				Ciass.	
A 1.1					
Address: (inc postcode)					
Who has parental					
responsibility? Mother		Father	her Both Other: (please specify)		specify)
(please circle)					
Parent/Carer name:					
Tarend Carer manne.					
E-mail address:					
Tel: Home:		Mobile:		Work:	
Tel. Home.		i lobiic.		VVOIR.	
D ./C					
Parent/Carer name:					
E-mail address:					
E-mail address:					
and D					
2 nd Parent/Carer					
address: (if different)					
(inc postcode)					
Tel: Home	•	Mobile:		Work:	
Name of sibling at					<u> </u>
DHIS:					
,					
In case of illusor on acident we may need to contact you will. Discourse where the					
In cases of illness or accident, we may need to contact you quickly. Please ensure your numbers are current and up to date. Should we not be able to contact you please provide the name of an adult who has pick-up					
rights, that we may contact.					
Name of emergency					
contact & relationship:					



Please give details of any me	dical conditions or special circumstances that you feel we should be made aware of.
Medical condition:	
Disability:	
,	
Special circumstances:	
NON-FOOD Allergies:	
FOOD Allergies:	
Child's malistans	
Child's religion:	
Additional information you f	eel may be important:
/ tagicional information / ou i	command to important.
I have read and agree that	I will abide by the B&ASC terms and conditions.
i nave reau anu agree ulat	i will ablue by the bande terms and conditions. — please tick
Signed	Date
oigned	Date
PRINT NAME	