

**ST AIDAN'S PRIMARY SCHOOL  
KIDS CONNECT REGISTRATION FORM**

|  |               |   |
|--|---------------|---|
| <b>Child's Name:</b>   |               |   |
| <b>Gender:</b>   |               |   |
| <b>Date of Birth:</b>  |               |   |
| <b>Class:</b>  |               |   |
| <b>Days you require Kids Connect<br/>(Please circle)</b>   |               | MON    TUES    WED    THURS    FRI  |
| <b>Do you require 1 hour session or until 6pm? Please tick</b>   |               | 1 Hour Session <input type="checkbox"/> Up until 6pm Session <input type="checkbox"/> |
| <b>Will your child be attending a club before coming Kids Connect – if so which one? Specify which days.</b> |               |   |
| <b>Contact<br/>Phone Numbers</b>   | <b>Home</b>   |   |
|  | <b>Office</b> |   |
|  | <b>Mobile</b> |   |
| <b>Father's Name:</b>  |               |   |
| <b>Contact<br/>Phone Numbers</b>   | <b>Home</b>   |   |
|  | <b>Office</b> |   |
|  | <b>Mobile</b> |   |
| <b>Family Home Address:</b>  |               |   |
| <b>E-mail address:</b>   |               |   |
| <b>Emergency contact Number:</b>   |               |   |
| <b>Name of person who will be collecting your child.</b>   |               |   |
| <b>Contact number of person who will be collecting your child.</b>   |               |   |
| <b>Collection Password</b>   |               |   |

**Please give your consent for us to take your child to the nearest Emergency Department should your child have any accident or become ill whilst attending Kids Connect. Please also include any additional information that we may need to share with the paramedics should this situation occur.**

**Print Name:**

**Signature:**

**Please include with your referral any further information concerning your child's needs, including any Special Needs, Medical Conditions and Dietary Requirements.**

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**Behaviour Statement**

**Children are expected to behave in accordance with St Aidan's behaviour policy. If a child demonstrates inappropriate behaviour, the Headteacher has the right to withdraw that child.**

|                               |  |
|-------------------------------|--|
| <b>Signed:</b>                |  |
| <b>Please Print Name:</b>     |  |
| <b>Relationship to Child:</b> |  |
| <b>Date:</b>                  |  |

**Should any of the above information change, please inform a member of Kids Connect immediately.**

**24 hours' notice is required for any cancellation.**