



**CLARE COMMUNITY**  
PRIMARY SCHOOL

Erbury Place, Clare  
Sudbury, Suffolk, CO10 8PZ

01787 277423 | [admin@clareprimary.org](mailto:admin@clareprimary.org)  
[www.clareprimary.org](http://www.clareprimary.org)

Headteacher: Mrs Rebecca Loader BA (Hons) NPQH

## CATKINS CLUB REGISTRATION FORM

CHILDS  
SURNAME: \_\_\_\_\_

LEGAL SURNAME (if different): \_\_\_\_\_

FORENAME: \_\_\_\_\_

LEGAL FORENAME(S) (if different): \_\_\_\_\_

GENDER: \_\_\_\_\_ DATE OF BIRTH (DD/MM/YYYY): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ POSTCODE: \_\_\_\_\_

**All communication will be by email**  
**Please provide your email address below which will be used when contacting you or your family:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**We reserve the right to refuse admittance if payments are not kept up to date.**



**PICKUP**

Please indicate any regular people who may pick up your child/children from Catkins.

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**FOOD INTOLERANCES/ALLERGIS**

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**Medical Conditions**

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**Data Protection Act 1998**

The school is registered under the Data Protection Act for holding of personal data. The school has a duty to protect this information and to keep it up to date. The school is required to share some of the data with the DfE.

<b>SIGNATURE:</b> (Parent/Guardian)	<b>DATE:</b>
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<b>PLEASE NOTE:</b> IT IS VITAL THAT WE ARE NOTIFIED OF CHANGES TO ANY OF THE ABOVE INFORMATION IN ORDER FOR US TO BE ABLE TO CONTACT YOU QUICKLY IN THE CASE OF AN EMERGENCY.
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# EMERGENCY CONTACTS

Please give details of ALL persons who have parental responsibility and anyone else you wish to be contacted in an emergency. PLACE THEM IN THE ORDER THAT YOU WISH FOR THEM TO BE CONTACTED IN AN EMERGENCY.

## CONTACT 1

TITLE: \_\_\_\_\_ NAME: \_\_\_\_\_

RELATIONSHIP TO PUPIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME TELEPHONE: \_\_\_\_\_

MOBILE NUMBER: \_\_\_\_\_

WORK TELEPHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

## CONTACT 2

TITLE: \_\_\_\_\_ NAME: \_\_\_\_\_

RELATIONSHIP TO PUPIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME TELEPHONE: \_\_\_\_\_

MOBILE NUMBER: \_\_\_\_\_

WORK TELEPHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

## CONTACT 3

TITLE: \_\_\_\_\_ NAME: \_\_\_\_\_

RELATIONSHIP TO PUPIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME TELEPHONE: \_\_\_\_\_

MOBILE NUMBER: \_\_\_\_\_

WORK TELEPHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

