

**VICTORIA PARK JUNIOR SCHOOL  
JUNIOR HUB BREAKFAST & AFTER SCHOOL CLUB  
REGISTRATION FORM 2024-2025**

Name: \_\_\_\_\_ Class: \_\_\_\_\_

**First Contact – This MUST be a parent/carer.**

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Mobile number: \_\_\_\_\_ Additional number: \_\_\_\_\_

Authorised to collect the child from the Junior Hub: Yes / No

**Additional Contacts**

2. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Mobile number: \_\_\_\_\_ Authorised to collect the child from the Junior Hub: Y / N

3. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Mobile number: \_\_\_\_\_ Authorised to collect the child from the Junior Hub: Y / N

Please provide any additional contacts on the reverse, including all relevant information.

**Dietary Needs** (Please note that the school office should also made be aware of this information.)

Any dietary needs – vegetarian / vegan / gluten free / halal / no dairy / other \_\_\_\_\_

Any additional dietary information \_\_\_\_\_

**Medical Information** (Please note that the school office should also made be aware of this information.)

**Has your child been diagnosed with asthma? Y / N**

**Does your child have an inhaler? Y/ N And spacer? Y / N**

**Please specify the correct dosage prescribed by the doctor, i.e. colour of inhaler, number of puffs and when required** \_\_\_\_\_

**Please note your child MUST have an in date inhaler (and spacer, if required) in school at all times.**

Does your child have any other medical conditions/needs of which we should be aware? Y / N

If yes, please provide specific details:

Allergy (please advise allergy including nut, bee sting, etc.) \_\_\_\_\_

Diabetes

Epilepsy

Hearing impaired

Vision impaired – this does not include wearing glasses to correct long/short sightedness (see below)

Wears glasses (long/short sighted)

Other \_\_\_\_\_

Please advise us of any additional information that you feel we need to be aware of regarding your child's medical condition(s): \_\_\_\_\_

\_\_\_\_\_

Does your child need to take regular medication during the Junior Hub hours? Y / N

If yes, please provide full details: \_\_\_\_\_

\_\_\_\_\_

**Any medication brought into the Junior Hub/school, at any time, must be handed in to the school office in the morning, clearly labelled, and a parent/carer consent form completed.**

If emergency treatment is required, and the parents/carers cannot be reached immediately, your signature in the space provided below empowers the school authorities to exercise their own judgement in calling a doctor, an ambulance or to transport your child to a hospital casualty department.

### **Session Booking**

Please tick the sessions you require:

Breakfast Club – Full Session

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

After School Club – Mini Session  
(until 4.30pm)

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

After School Club – Full Session  
(until 5.45pm)

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

Please speak to the school office (0161 912 5005) to book ad hoc sessions or, for example, if you work shifts and require different sessions every week. Please remember that these sessions should be booked with the office, at the latest, by the Thursday the week before you expect your child to attend.

By signing this form I/we confirm that I/we have completed the above Junior Hub Breakfast & After School Club Registration Form 2024-2025 and have read the Junior Hub Breakfast & After School Club Contract 2024-2025 and we are aware that we are bound by the contract including the information regarding payments and attendance notification.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_ **(Parent/Carer)**