**After School/Breakfast Activity Club Registration Form**

Once your registration has been processed, you will be able to book any available spaces online via Scopay:

<https://www.scopay.com/login.html>

Please contact the school office if you require an access code to set up online payments via Scopay.

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| **Pupil Details** | | | | | | | | | | | | |
| **Childs Name:** | |  | | | | **Class:** | |  | | | | |
| **Email address for correspondence:** | | | |  | | | | | | | | |
| **Emergency Contact number’s:** | **1** | **Name** | | **Relationship** | | | **Telephone Number** | | | | | |
|  | |  | | |  | | | | | |
| **2** | **Name** | | **Relationship** | | | **Telephone Number** | | | | | |
|  | |  | | |  | | | | | |
| **3** | **Name** | | **Relationship** | | | **Telephone Number** | | | | | |
|  | |  | | |  | | | | | |
| **Please confirm the name and relationship of the adult(s) who will collect your child:** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **Does your child have any allergies, medical conditions or additional needs? (If yes, please provide further details below)** | | | | | | | **Yes** | | |  | **No** |  |
|  | | | | | | | | | | | | |
| **Parent signature:** | | |  | | **Date:** | | | |  | | | |