



ST. MARTIN'S PRIMARY SCHOOL



Mrs C Giles
Headteacher

Telephone: (01481) 226060
Email: smp.office@education.gg
Website: <https://www.stmartins-school.co.uk/>

St Martin's Primary School
Route des Coutures
St Martin
GUERNSEY
GY4 6HN

St Martin's After School Club Application/Registration Form

Please notify After School Club staff on 07911 768797 should your child not be able to attend for any reason.

Child's Name:	
Child's DOB:	
Child's Year and Classteacher:	

After School Club Sessions

Children are collected by staff at 3.00pm from their classrooms. **Pick up by parents at 5.15pm.**

Day	Please tick required days
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

**Total number of sessions
per week, charged at
£8.00 per session**

Name of person/persons collecting child: _____

Relationship to child: _____

The club reserves the right to refuse spaces to children where their individual needs cannot be met.



States of
Guernsey

Emergency Contact Details

1. Primary Contact

Name:	
Relationship to Child:	
Mobile No:	
Other contact telephone number:	

2. Primary Contact

Name:	
Relationship to Child:	
Mobile No:	
Other contact telephone number:	

Medical Consent Form

Does your child have any allergies/health problems/special dietary requirements or illnesses?

If yes, please specify below:

Child's Medical Practice: _____

Names of Doctor: _____

Practice Telephone Number: _____

Is your child up to date with all immunization/vaccinations **please circle*

***YES/NO**

I give consent for staff at the after school club to call an ambulance if they feel it is necessary for my child to be transported to hospital in an emergency. I understand that I will be charged by St John's Ambulance and the hospital for this service and treatment required.

I also agree and understand that my child will be required to return home should they become unwell, vomit or have diarrhea while at after school club. I understand that staff may only give medicines prescribed to my child.

Signed: _____
Parent/Carer

Dated: _____

Permissions

I/we give permission for my son/daughter to have their photograph taken to be used on school Dojo/media releases.

Signed: _____
Parent/Carer

Dated: _____

Print Name: _____

