



Saint Thomas More Catholic Primary School

Care Club Admission Form 2026/27



Days	Breakfast £6.00*	Early After-School (3.20-4.40pm) £6.00*	Late After-School (3.20-5.30pm) £8.75*
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

Pupil 1 Details		
Full Name:	Preferred Name:	Date of Birth:
Pupil 2 Details		
Full Name:	Preferred Name:	Date of Birth:
Pupil 3 Details		
Full Name:	Preferred Name:	Date of Birth:
Pupil 4 Details		
Full Name:	Preferred Name:	Date of Birth:
Who does the child/ren live with? (include anyone over the age of 16)		

Priority 1:		
Relationship to Child:	Has Parental Responsibility: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Title: Mr, Mrs, Miss, Ms Full Name:	Address:	
Mobile:	Home:	Work:
Priority 2:		
Relationship to Child:	Has Parental Responsibility: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Title: Mr, Mrs, Miss, Ms Full Name:	Address:	
Mobile:	Home:	Work:
Priority 3:		
Relationship to Child:	Has Parental Responsibility: <input type="checkbox"/> Yes <input type="checkbox"/> No	



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Title: Mr, Mrs, Miss, Ms			
Full Name:			
Mobile:	Home:	Work:	
Priority 4:			
Relationship to Child:		Has Parental Responsibility: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Title: Mr, Mrs, Miss, Ms			
Full Name:			
Mobile:	Home:	Work:	
Medical			
Members of staff at the club will not be able to administer medication to your child if you have not completed an 'Administration of Medication form'			
In the event of my child requiring immediate medical treatment before I will be able to get to the hospital, I hereby authorise the manager, or a delegated member of staff, to seek emergency medical treatment or advice on my behalf. I understand that this authorisation will remain valid unless I contact the manager to withdraw it.			
Collection arrangements			
Collection arrangements	My child will be collected by the following named adults. I will inform Care Club in advance if alternative arrangements need to be made.		
	Password to be used in the event of the named adults being unable to collect your child:		

All permission responses with regards to photographs; food tasting and film viewing will be sought from the school's records, so please make sure this is kept up to date.

Please note information regarding medical and dietary needs will also be sought from Arbor so please log in to check that everything is correct. Details can be found on the profile menu in Arbor, alternatively if you require assistance please speak to a member of the office staff.

*Please note prices are subject to increase, if this happens sufficient notice will be given.

I have logged into Arbor and all the information is correct.
I have read and understand the contract, terms and conditions at Saint Thomas More Care Club.
I hereby declare to abide by the conditions set out within the contract.

Parent's/Carer's Name.....

Signature of parent/carers: _____ Date: _____