



Extended Services provision for
ST MARY'S C of E PRIMARY SCHOOL

Headteacher: Mrs J Chambers

Hart Road, Byfleet, West Byfleet, Surrey KT14 7NJ

Tel: 07387 396767

hive@stmarys-byfleet.surrey.sch.uk

www.stmarys-byfleet.surrey.sch.uk

Registration Form

The parents of any child attending The Hive should have read the Terms and Conditions before signing the following declaration.

1. Having read, understood and accepted all statements made in the Terms and Conditions, I would like my child / children to be accepted by The Hive.
2. I / We undertake to explain all appropriate statements to my child / children and emphasise the importance of abiding by those conditions.
3. I / We understand that should I / we / my child / children / any person nominated to attend the club on my / our behalf, contravene any of these statements, it may result in any of those persons being excluded from the premises and / or the Club.

Signed: _____ Name (please print): _____

Name(s) of child(ren):



Extended Services provision for
ST MARY'S C of E PRIMARY SCHOOL

Headteacher: Mrs J Chambers

Hart Road, Byfleet, West Byfleet, Surrey KT14 7NJ

Tel: 07387 396767

hive@stmarys-byfleet.surrey.sch.uk

www.stmarys-byfleet.surrey.sch.uk

Contact details:

Name: _____ **Number:** _____ **Relationship:** _____

Name: _____ **Number:** _____ **Relationship:** _____

Please state here if your child has any allergies or dietary preference:

Will your child be attended any afterschool clubs on the night(s) they will be attending the Hive? Please state below:
