



*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](mailto:hive@stmarys-byfleet.surrey.sch.uk)

[www.stmarys-byfleet.surrey.sch.uk](http://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):

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**Contact details:**

Name: \_\_\_\_\_ Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

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**Is there anything else the Hive should be aware of?**

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

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