



Child's Name: **Date of Birth:** / /

For each contact you name below, please ensure you have their permission to provide their details.

Emergency Contact Details

Person One:

Name: **Relation to Child:**

Tel (Home): **Mobile:**

Person Two:

Name: **Relation to Child:**

Tel (Home): **Mobile:**

Names of Persons Authorised to Collect your Child:

.....
.....

Password:

Medical/Dietary Needs

Does your child have any medical needs/special requirements? (Please give details)

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.....
.....

Does your child have any food allergies/dietary requirements? (Please give details)

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.....
.....

I hereby consent for my child to take up a place at this club. I confirm that the information given above is correct and I agree to contact the school/club as soon as any of the details change.

Signed: **Parent/Guardian**

Print Name: **Date:**

CHILD'S NAME: **CLASS:**

RATES: 1 HOUR (3.15PM - 4.15PM) £2.00 / FULL NIGHT (3.15PM - 5.45PM) £6.00

(You can collect your child any time, but you will be charged for the full night if they are collected later than 4.10pm. Unless your child is absent from school any cancellations require 24 hours notice, otherwise you will be charged for that night)

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
1 HOUR (3.10pm - 4.10pm)					
FULL NIGHT (3.15pm - 5.45pm)					

This is a permanent arrangement (until further notice)

This is only for week commencing: