

Early Birds & Late Owls Clubs Registration Form

Name of Child:

Class:

I would like my child to attend: Early Birds / Late Owls* (please delete as necessary)

Has your child any health/medical concerns that we should be aware of?

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Does your child have any allergies?.....

.....

Medication if any (including inhalers):

Emergency contact numbers and relationship to child:

1)..... Relationship.....

2)..... Relationship.....

My child will be collected by one of the following:

.....

.....

I (print name)

parent / carer of(child's name)

confirm that I have read the Terms and Conditions laid out in the above policy for the Breakfast and After School Club. I confirm that I will abide by the Terms and Conditions laid down by the Club.

Signed

Date.....