

Registration Details

Child's Full name		M / F
Known as		
Date of birth		
Age		
Child's class		

Names of Parents		
Home address		
Home phone		
Mobile phone		
Work phone		
Email address		

Emergency contact – IMPORTANT: Who can we contact if we cannot reach you?

Name	
Home Phone	
Mobile phone	

Details of significant health issues, allergies or medical history likely to affect the care of the child:
Details of any medication held in school eg Epi Pen / inhalers:
Details of any additional support/care that may be needed:
Specific dietary requirements or food allergies or significant food & drink preferences:
Any other relevant information that will help us to best care for your child:

Booking Requirements

Type of Booking:	Regular / Ad-hoc
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Sessions requested:		Start date requested:			
	Monday	Tuesday	Wednesday	Thursday	Friday
Please tick					