

JUST KIDDING AFTER SCHOOL CLUB

TEA TIME

Class.....Year..... Password..... Start Date..... /.....

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| AFTER SCHOOL CLUB SESSIONS REQUIRED: (Tick requirement) | Monday | Tuesday | Wednesday | Thursday | Friday |
| CHILDS NAME:.....DOB:..... GENDER: | | | | | |
| HOME ADDRESS POSTCODE..... | | | | | |
| MOTHER NAME CONTACT NUMBERS HOME..... WORK..... MOBILE..... EMAIL... .. PARENTAL RESPONSIBILITY: | FATHER NAME CONTACT NUMBERS HOME..... WORK..... MOBILE..... EMAIL... .. PARENTAL RESPONSIBILITY: | | | | |
| EMERGENCY CONTACT: (In the event that we are unable to contact a parent) HOME..... ADDRESS..... MOBILE..... | | | | | |
| Any safeguarding/child protection issue regarding your child? Yes/No. Date..... | | | | | |
| If Yes, please give reason: | | | | | |
| ADDITIONAL INFORMATION TO ASSIST APPLICATION: SPECIAL NEEDS..... HEALTH..... DIETARY NEEDS.....Pescatarian (eats fish and dairy but no meat) LANGUAGE SPOKEN AT HOME INCLUDING ENGLISH..... | | | | | |

SIGNATURE.....

DATE