

Holiday Play Scheme Registration Form

Childs Full Name:

Date of Birth:Class Name:

Address:

Postcode:

Email:.....

Mothers Name:Home Telephone:

Mobile:..... Work Telephone:.....

Fathers Name: Home Telephone:.....

Mobile: Work Telephone:

Dietary requirements (allergies)

Please complete a separate Health Medical Information Form.

Please note we operate a password procedure which is implemented if your child is to be collected by anyone other than the legal guardian. Can you please indicate below the password you wish us to use.

PASSWORD:

From time to time the Holiday Play Scheme watch a film during snack/lunch time. The showing of U rated films are permitted but in some cases a PG rated film may be requested. On these occasions permission from Parents/Guardians are needed, please sign below if you are happy for your child to watch PG rated films at the Club.

Signed.....

Relation to child.....

I have read and agreed to the terms and conditions of the admission policy and fee structure of the Holiday Play Scheme.

Signed.....Date.....

Confirmation of sessions is provisional and not guaranteed until confirmed in writing.