

# Easter Holiday Club APRIL 2022

## Child 1

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Allergies (please write none if not applicable):  
\_\_\_\_\_  
\_\_\_\_\_

Medication (please write none if not applicable):  
\_\_\_\_\_  
\_\_\_\_\_

Favourite toy/activity: \_\_\_\_\_

## Child 2

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Allergies (please write none if not applicable):  
\_\_\_\_\_  
\_\_\_\_\_

Medication (please write none if not applicable):  
\_\_\_\_\_  
\_\_\_\_\_

Favourite toy/activity: \_\_\_\_\_

**Please tick which sessions you would like:**

Day (April)	Monday 4 <sup>th</sup>	Tuesday 5 <sup>th</sup>	Wednesday 6 <sup>th</sup>	Thursday 7 <sup>th</sup>	Friday 8 <sup>th</sup>
Child 1					
Child 2					

### Emergency Contact 1

Parents/carers name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Postcode: \_\_\_\_\_

Telephone: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

### Emergency Contact 2

Parents/carers name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Postcode: \_\_\_\_\_

Telephone: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

### Observations and Photographs

I hereby give consent for staff and students to carry out and record observations of my child/children

Signed \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

I hereby give consent for photographs to be taken of my child/children for use within the pre-school

Signed \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_