

Easter Holiday Club APRIL 2021

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		Tuesday 6th	Wednesday 7th	Thursday 8th	Friday 9th
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 _____