

Summer Holiday Club 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: _____

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 _____

PLEASE INDICATE WHICH SESSIONS YOU WOULD LIKE ON THE NEXT PAGE

Please tick which sessions you would like:

Week 1 July/August

Day	Monday 26th	Tuesday 27th	Wednesday 28th	Thursday 29th	Friday 30th
Child 1					
Child 2					
Child 3					

Week 2 August

Day	Monday 2nd	Tuesday 3th	Wednesday 4th	Thursday 5th	Friday 6th
Child 1					
Child 2					
Child 3					

Week 3 August

Day	Monday 9th	Tuesday 10th	Wednesday 11th	Thursday 12th	Friday 13th
Child 1					
Child 2					
Child 3					