

Summer Holiday Club 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: _____

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 SESSION YOU WOULD LIKE ON THE NEXT PAGE

Please tick which sessions you would like:

Week 1: July/August

Day	Monday 25 th	Tuesday 26 th	Wednesday 27 th	Thursday 28 th	Friday 29 th
Child 1					
Child 2					
Child 3					

Week 2: August

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