|  |  |  |  |
| --- | --- | --- | --- |
| Child’s Full Name |  | Gender |  |
| Date of Birth |  | Age |  |
| Year Group |  | Class |  |
| Parent/Carer Name | 1. | 2. |
| Address |  |  |
| Contact Telephone | Home | Mobile | Work |
| 1 |  |  |
| 2 |  |  |
| Email | 1 | 2 |
| Work Company Name | 1 | 2 |
| Additional EmergencyContact | Name | Contact Number |
|  |  |
| Relationship to child |  |
| Please indicate any: |
| Medical Conditions |  |
| Allergies/Intolerances |  |
| Additional Needs/Food Requirements |  |
| Sessions required: (Please tick) | Required Start Date: |
| Session | Monday | Tuesday | Wednesday | Thursday | Friday |
|  Before School - Prices based on £2.67 per hourly rate |
| 7.30 - 8.45am£3.33 |  |  |  |  |  |
| 8.00 - 8.45am£2.00 |  |  |  |  |  |
| After School - Prices based on £2.67 per hourly rate |
| 3.10 - 4.30pm£3.56 |  |  |  |  |  |
| 3.10 – 5.30pm£6.23 |  |  |  |  |  |
| 3.10 – 6.00pm£7.56 |  |  |  |  |  |

**Parent/Carer Signature**

**Signature ­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**