|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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  Emergency  Contact | | 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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**