

Bright Young Things Before & After School Club Registration Form

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		I	2			
Work Company Name	1			2			
Additional	Name		Contact Number				
Emergency Contact							
Relationship to child				l			
Please indicate any:							
Medical Conditions							
Allergies/Intolerances							
Additional Needs/Food Requirements							
Sessions required: (Please tick)			Required Start Date:				
Session A			Wednesday				Friday
	B	efore School - Prices b	based on £2.80) per hourly ra	ite		1
7.30 - 8.45am £3.50							
8.00 - 8.45am							
£2.10 After School - Prices based on £2.80 per hourly rate							
3.10 - 4.30pm £3.74				<u> </u>			
3.10 - 5.30pm f6 54							
£6.54 3.10 - 6.00pm £7.94							

Parent/Carer Signature

Date_____