**Early Birds and Late Owls Club**

**Registration Details for Regular User**

|  |  |
| --- | --- |
|  Child’s Name:   |  Class:  |

Please include any siblings.

Please indicate () below the sessions you would like your child(ren) to attend and the number of places you will require. If places are available when we receive your form, then those times will be reserved for your child throughout this academic year.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Day  | Breakfast 7.50 – 8.50  | After School 3.30 – 4.30  | After School 4.30 – 5.30  | Number of places required(including siblings) |
| Monday  |    |   |   |   |
| Tuesday  |    |   |   |   |
| Wednesday  |    |   |   |   |
| Thursday  |    |   |   |   |
| Friday  |    |   |   |   |

If your circumstances change then please let us know as soon as possible.

**PLEASE COMPLETE THE FORM OVERLEAF.**

|  |  |  |
| --- | --- | --- |
| Child’s Name: | Class: | Date of Birth: |

Please include any siblings.

**Contact Information**

|  |  |
| --- | --- |
| Parent / Guardian No 1  | Parent / Guardian No 2  |
| Name:  | Name:   |
| Home Address:Telephone NumbersHome:Work:Mobile:Email: | Home Address:Telephone NumbersHome:Work:Mobile:Email: |
| Any other person who has permission to collect your child: Name:  Address: Telephone Number:  |

**Emergency Contacts**

|  |  |
| --- | --- |
| Contact No 1  | Contact No2  |
| Name: Address:  Telephone No: Relationship:  | Name: Address:   Telephone No: Relationship:  |

**Medical Details**

|  |  |
| --- | --- |
| Family Doctor:Address of Surgery:Telephone No: | Medical Requirements (Allergies, illness or any matter you think we should be aware of)  |

Do you give staff permission to apply plasters in the event of a small accident? Yes / No

Please note that staff will not give non-prescription medicine.