

FE After School Clubs @ Ewood

Personal Details:

Student's Name: _____ Date of Birth _____
Home Address: _____
Post Code: _____ Home Tel No: _____
Email: _____

Emergency Contact Details:

1. Name _____ Tel No. _____
2. Name _____ Tel No. _____

Medical Details:

G.Ps Name and Address: _____
G.Ps Tel No. _____

Please state any known medical conditions or allergies:

Please state any special dietary requirements including food preferences:

Please state if your son/daughter will require any medication during the After School Club. Only oral medication can be given.

Activity Sessions Wishing to Attend: (please tick)

MONDAY PHYSICAL FUN

THURSDAY CRAFT & ENTERPRISE

All places will be confirmed in writing.

Consent:

I give my consent to any emergency treatment required for my son/daughter during After School Club. **Yes / No**

I understand that I am responsible for my son/daughter to be collected at 5:00pm from the After School Club on the days agreed and that I will be charged £5.00 per person for every 30minutes after 5:00pm that I am late.

Signed: _____

Date: _____