**Summer Sessions Registration Form**

We will contact you to confirm availability for your child for the summer sessions you have requested.

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| **Child’s details:** |
| Name: | Date of birth: | Sex: |
| Child’s first language: | Religion: | Ethnic origin: |
| Address: | Disability/access requirements: |
| **Preferred August sessions:** (please tick preferred sessions) 9am-3pm£33 for Military families; £36 for Non-military families |
| Monday 4th |  | Monday 11th |  |
| Tuesday 5th  |  | Tuesday 12th |  |
| Wednesday 6th |  | Wednesday 13th  |  |
| Thursday 7th  |  | Thursday 14th  |  |
| ***(Thursday sessions are TBC if running)*** |
| **Parent/Carer Details** |
| Name(s) of parents/carers holding parental responsibility: |
| Work address(es): | Phone number(s): | Email address(es): |
| Priority is given to the children of serving members of HM Forces. Please specify if a parent is a serving member of HM forces: Y/N |
| Additional adults authorised to collect child **(NOT PARENTS)**: |
| Name: | Relationship to child: | Phone number: |
| 1) |  |  |
| 2) |  |  |
| Emergency contact details *(Used when above contacts are unable to be reached):* |
| Name: | Relationship to child: | Phone number: |
| 1) |  |  |
| 2) |  |  |
| **Medical information:** |
| Important medical conditions: | Injections received: |
| Allergies: | Dietary requirements: |
| Details of any agencies working with your family (ie. Social care, charities): | Doctor’s name and address: |
| Children’s Centre if registered: | Dentist if registered: |
| Health Visitor’s name and date of last visit: | Toilet requirements: |
| Relevant illness history, including chicken pox: |