**Summer Sessions Registration Form**

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

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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: | | | | | | | | | | | |