

Hallfield School 2012
PRE-PREP FUN CLUB

CHILD'S NAME _____ FORM _____ DATE OF BIRTH _____ GENDER _____

- ***Please tick as appropriate***

DAY(S) REQUIRED	0830 - 1530	0830 - 1630	0830 - 1800
Monday 13 th February			
Tuesday 14 th February			
Wednesday 15 th February			
Thursday 16 th February			

Please tick if you will be redeeming your Nursery Vouchers for Fun Club

In an emergency, please contact - ***please list 3 people***

Name	Relationship to child	Telephone/Mobile
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Persons authorised to pick up child

Name	Relationship to child	Telephone/Mobile
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

DIETARY DETAILS:

Please give details of any special dietary requirements or known food allergies

MEDICAL DETAILS:

Please give details of any medication or known allergies

Name, address and telephone number of child's Doctor

I give my consent to my child receiving any medical treatment which is urgently necessary, except

Signed (Parent or Carer) _____

Date _____