



Early Birds Club Registration Form

Child's Name:	Class:
Date of Birth:	Year Group:
Days (please tick all you require): <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	
Fees: regular days £3.60 ADHOC £4.60	
Home Address:	
Telephone Numbers: Email:	
Emergency Contact Name and Number:	
Does your child have any known allergies, dietary requirements? Yes / No If yes, please state:.....	
Does your child have any medical conditions? Yes / No If yes, please state:.....	
I give permission for emergency first aid to be administered in the event of this being necessary. Signed _____ Date _____	
Any other information: 	
I have read, understood and agree to the terms and conditions of Early Birds Club and have spoken to my child about the expectations with regards to behaviour. Name _____ Signed _____ Date: _____ (Parent/Carer)	

Start Date: _____