

**Sunset Owls Registration Form**

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| **Child’s Name: Class:** |
| **Date of Birth:…………………………………………… Year Group:…………………………………….…** |
| **Days and Time** (please tick all you require):  **Monday**  **Tuesday** **Wednesday** **Thursday** **Friday**  □ until 4.30 □ until 4.30 □ until 4.30 □ until 4.30 □ until 4.30  □ 4.30-5.45 □ 4.30-5.45 □ 4.30-5.45 □ 4.30-5.45 □ 4.30-5.45  □ 3.30-5.45 □ 3.30-5.45 □ 3.30-5.45 □ 3.30-5.45 □ 3.30-5.45  **Fees:**  1st half session until – 4.30 regular days £5.50 ADHOC £6.50  2nd session 4.30 – 5.45 regular days £6.50 ADHOC £7.50  Whole session 3.30 – 5.45 regular days £12.00 ADHOC £14.00 |
| **Home Address**:……………………………………………………………………………………………….………………………………..  **Telephone Numbers:….**…………………………………………….. **Email:**…………..……………………………………….……  **Emergency Contact Name and Number**:………………………………………………………………………………..………..  **6 letter password for security**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **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 Sunset Owls Club and have spoken to my child about the expectations with regards to behaviour.**  **Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **(Parent/Carer)** |

Start Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_