

WAITING LIST FORM



Child's Full Name			
Child's Name to be used at the Club			
Date of Birth		Gender	

School Attended	Ethnicity
Languages Spoken	Religion (if any)
Which Year Group is your child in?	

Name of Parent/Carer		
Do you have LEGAL PARENTAL RESPONSIBILITY for the child named above?	YES	NO
Home Address		
Home Tel:	Mobile Tel:	
Work Tel:	Work Mobile Tel:	
Email		

Please provide details of any additional needs your child may have. (Including a copy of the EHCP, if appropriate). We will discuss these with you in person prior to your child attending, in order that we can meet all needs appropriately.

WAITING LIST FORM



Please provide details of any additional needs your child may have. (Including a copy of the EHCP, if appropriate). We will discuss these with you in person prior to your child attending, in order that we can meet all needs appropriately.
Please provide details of any significant health issues your child may have. An Administering Medication Form must be completed if medication is needed.
Please provide details of any special dietary requirements, allergies and significant food and drink preferences.
What are your child's favourite activities or games?
Is there anything else you feel we should know about?

Please tick the sessions required;

- AM** = 8:00am until school starts
- PM1** = school finishes until 5:00pm
- PM2** = 5:00pm until 6:00pm

01480 375064
bramptonkidsclub@icloud.com

Monday			Tuesday			Wednesday			Thursday			Friday		
AM	PM1	PM2	AM	PM1	PM2	AM	PM1	PM2	AM	PM1	PM2	AM	PM1	PM2

Children will not be cared for unless all appropriate registration forms are complete, and returned, following a confirmed offer of the place(s) requested.

DECLARATION

I consent to my details being retained, and used, in order to process my request for childcare.

Signature of Parent/Carer	Date
---------------------------	------