

Active Bodies September Booking Form

*Child's Name:..... Class..... Date.....

School Attended: Etwall Primary

Sessions start at: 07:30am Until the start of school. Afterschool: End of school until 6:15pm.
Fees per session: Breakfast £5. After school until 4:30- £4.50. Until 5:30 £8.50 Until 6:00 £10.

****Payable in advance until normal service can resume**

**Please be reminded a late payment fee now applies. Please tick where appropriate. (Complete one PER CHILD)*

| Date | Breakfast Club | Afterschool Until 4:30 | Afterschool Until 5:30 | Afterschool Until 6:00 | Childs Year Group | Please Tick if you require the same days each month |
|------|----------------|------------------------|------------------------|------------------------|-------------------|---|
| 3rd | | | | | | |
| 4th | | | | | | |
| 7th | | | | | | |
| 8th | | | | | | |
| 9th | | | | | | |
| 10 | | | | | | |
| 11th | | | | | | |
| 14th | | | | | | |
| 15th | | | | | | |
| 16th | | | | | | |
| 17th | | | | | | |
| 18th | | | | | | |
| 21st | | | | | | |
| 22nd | | | | | | |
| 23rd | | | | | | |
| 24th | | | | | | |
| 25th | | | | | | |
| 28th | | | | | | |
| 29th | | | | | | |
| 30th | | | | | | |

Parent Name..... Contact Number.....

Signature..... Password on collection.....

Please contact Dawn if you have any questions, or, to book/cancel sessions.

Epsmanager@activebodiesuk.co.uk: Holiday club: Holidayclubbookings@activebodiesuk.co.uk

07707762494

Please note, the above number is the contact number when your children are in our care. Whilst every effort will be made, it may not be answered when we are not in club hours. Please send a message and someone will get back to you.

Parent and Child Information

| | | |
|--------------------------------|-------------------------------------|-------------------------------|
| First name: | Surname: | What s/he likes to be called: |
| Date of birth and current age: | School attended: First language: | Name of key person: |

Child's Details

Date of Registration:

Parent/Guardian details. In accordance with the data protection act 2018, your information will be destroyed if no booking is made with the clubs within 6 months. After this time, a new form is required. We will not share your information with any third party, please ask for our policy or visit our website to view further information on how your information is handled.

| | | | | | |
|--|----------------|--------------|---|----------------|--------------|
| Title: | First name: | Surname | Title: | First name: | Surname |
| Home address: | | | Home address (if different): | | |
| Does this child normally live at this address? Yes / No | | | Does this child normally live at this address? Yes / No | | |
| Work address: | | | Work address: | | |
| Home number: | Mobile number: | Work number: | Home number: | Mobile number: | Work number: |
| Email address: (For Invoice purposes) | | | Email address: | | |
| Does this person have parental responsibility? Yes / No | | | Does this person have parental responsibility? Yes / No | | |
| Does anyone else have parental responsibility for this child? Yes / No <i>(If yes, please provide details overleaf.)</i> | | | | | |

Please give an email address you are happy to receive your invoice to.

Emergency Contact Details *(please provide details of two people we can contact if we are unable to get hold of you)*

| | | |
|----------|-------------------|----------------------------|
| Name: | Telephone number: | Mobile number: |
| Address: | | Relationship to the child: |
| Name: | Telephone number: | Mobile number: |
| Address: | | Relationship to the child: |

About your child

Please detail any additional/special needs your child has: (please provide full details)

Please contact Dawn if you have any questions, or, to book/cancel sessions.

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Please detail any dietary requirements / food allergies for your child: (please provide full details)

Signed:
(parent/carer)

Date:

Childs name

Please see Below for our Medical Information form....

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Childs Medical Information

| | |
|---|----------------|
| Child's name: Parents Name: | Date of birth: |
| Doctor: | |
| Doctor's address: | |
| Doctor's telephone: | |
| Does your child or the child in your care have any known medical problems or additional needs? (Please list) | |
| Please detail any medical needs your child has/medication taken: (please provide full details, if medication is needed an additional medication consent form will need to be completed) | |
| Does your child have any known allergies? (an Allergy Management Plan will be put in place where required) | |
| Does your child have any dietary requirements? | |
| Any other information relevant to your child's health | |
| Parent/Carer emergency contact telephone numbers: | |

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All about me!

Here is a picture of me:

Name.....

Age.....

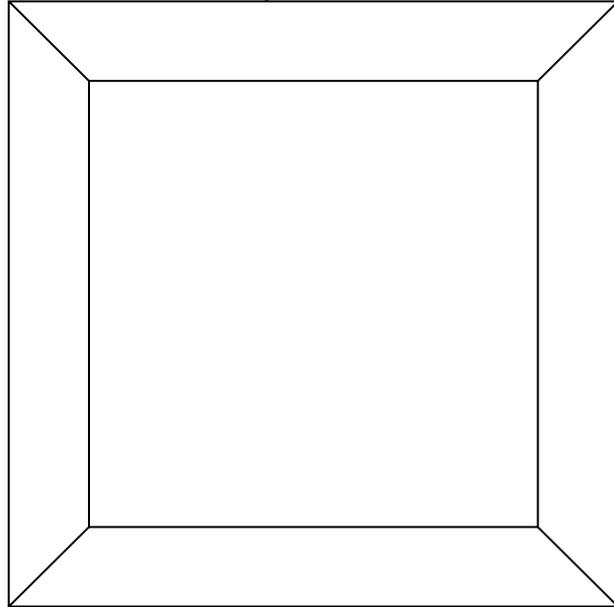
Class.....

Hair colour.....

Eye colour.....

Pets.....

People who live in my house



.....

Here are some things I like to do:

1.

2.

3.

4.

My favourite friend is:

My least favourite thing to do is:

My favourite colour:

My favourite food:

ha
rday
077

s.
.uk

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