

Family Arena Community Link Project OFSTED: (URN): EY421233

"Connect - Learn - Grow"

Holiday Activities Child Registration Form – Summer 2018 (August 6th – 17th)

| | Cr | nild's Details | | |
|--|---------------------------|--------------------------|---------------|---------------|
| Full Name: | | | : | |
| First | | Surname | M/F | Date of Birth |
| Address: | | | | |
| | | | | |
| | | | Post Code | |
| Year at School | | Hobbies | | |
| Dates Attending | | | | |
| | | Week 2: | | |
| | Parent/0 | Guardian's details | | |
| Full Name: | | | Relationship: | |
| Address (if | | | | |
| from abova | | | | |
| Home Tel | | | | |
| • • • | | | Mobile No: | |
| Warls Tal Na | | | eferred means | |
| Work Tel No Email | | | of contact: | |
| Address: | | | | |
| | | | | |
| | <u>Details o</u> | f Doctor's Surgery | | |
| GP's Name: | | | Phone: | |
| GP's Address: | | | Post Code | |
| Address. | | | Fost Code | |
| Emergency Contact | <u>Additio</u> | onal Information: | | |
| Name & Number | | | | |
| Does your child have any | | | | |
| | No (please circle) | If yes what are th | hey?: | |
| | | . 1. | | |
| Declaration and signature of pard I hereby make an application to Far | | | | |
| I give permission for my c | • | - | • | - Y/N |
| • I give permission for my c | hild to participate in ir | ndoor/outdoor activities | S | - Y/N |
| I give permission for my c | hild's GP to be contac | ted if need be | | - Y/N |
| certify that the information given | is true to the best of m | y knowledge and belie | f. | |
| Signature of Parent/Guardian | | Date | ••••• | |
| Payment: Please tick to indicate h Make cheques Payable to Family | | | | |