SUMMER HOLIDAY ACTIVITIES PROGRAMME

ENJOY SUMMER!

Registration Form

Child Information

Child's Name	
Child's Date of Birth	
Home Address	
Home Postcode	
School Attended	
Tutor	
Dietary Needs	
Allergies	
Health Conditions	
Any Additional Information	

Dates Requested

Sessions run from 10 am to 2 pm each day.
If possible please sign up for complete weeks. You may sign up for all 4 weeks.

	Week 1	Week 2	Week 3	Week 4
Monday	☐ 27 July	☐ 3 August	☐ 10 August	☐ 17 August
Tuesday	☐ 28 July	☐ 4 August	☐ 11 August	☐ 18 August
Wednesday	☐ 29 July	☐ 5 August	☐ 12 August	☐ 19 August
Thursday	☐ 30 July	☐ 6 August	☐ 13 August	☐ 20 August

Contact Information

	Contact 1 (Parent)	Contact 2 (Any)
Contact Name		
Relationship to Child		
Contact Phone (Mobile)		
Contact Phone (Home)		
Contact Phone (Work)		
Contact Email		
Contact Address		
Contact Postcode		

Consents

Please tick to confirm your consent

I consent to my child to take part in the Holiday Activity programme ☐

Is your child fit and well to take part in physical activity? If no, please explain ☐

I consent to my child receiving medical treatment, which in the opinion of a qualified medical practitioner may be necessary and that it is the participants' responsibility to inform staff of any medical conditions/requirements prior to the activity (including existing injuries) ☐

I consent to photographs of my child being used for advertising and promotional purposes ☐

Are you happy for your child to make their own way home at the end of sessions? ☐

I understand that my information will be used only for the purposes of providing and evaluating the programme ☐

I am happy to be contacted following the programme to help with this evaluation ☐

I am happy for my child to take part in an off site activity, within walking distance of the school site ☐

Signature

Signature	
Name of Person Signing	
Date Signed	