

Stay & Play Holiday Club Registration Form

Child's Details

Password for collection:

<u>First Name:</u>	<u>Last Name:</u>
<u>Date of birth:</u>	<u>Current Age:</u>

Parent / Guardian details

<u>Title:</u>	<u>First Name:</u>	<u>Surname:</u>
<u>Home address:</u>		
<u>Home Number:</u>	<u>Work Number:</u>	<u>Mobile:</u>
<u>Email address:</u>		

Emergency Contact Details: (Please provide 2 emergency contacts and 2 numbers for each named person)

<u>Name:</u>	<u>Contact number 1</u>	<u>Contact Number 2</u>
<u>Address:</u>		<u>Relationship to child:</u>
<u>Name:</u>	<u>Contact number 1</u>	<u>Contact number 2</u>
<u>Address:</u>		<u>Relationship to child:</u>

Child's doctor

<u>Name of Doctor</u>	<u>Telephone number</u>
<u>Address</u>	

About your child

Does your child have any additional or special needs? Yes / No Please provide full details.
Does your child have any dietary requirements? Yes / No Please provide full details.