



Sunset Owls Registration Form

Child's Name: _____

Class: _____

Date of Birth:.....

Year Group:.....

Days and Time (please tick all you require):

Monday

- until 4.30
- 4.30-5.45
- 3.30-5.45

Tuesday

- until 4.30
- 4.30-5.45
- 3.30-5.45

Wednesday

- until 4.30
- 4.30-5.45
- 3.30-5.45

Thursday

- until 4.30
- 4.30-5.45
- 3.30-5.45

Friday

- until 4.30
- 4.30-5.45
- 3.30-5.45

Fees:

1 st half session	until – 4.30	regular days	£5.00	ADHOC £6.00
2 nd session	4.30 – 5.45	regular days	£5.00	ADHOC £6.00
Whole session	3.30 – 5.45	regular days	£10.00	ADHOC £12.00

Home Address:.....

Telephone Numbers/Home:..... **Mobile:**.....

Emergency Contact Name and Number:.....

6 letter password for security:_____

Does your child have any known allergies, dietary requirements? Yes / No

If yes, please state:.....

Does your child have any medical conditions? Yes / No

If yes, please state:.....

I give permission for emergency first aid to be administered in the event of this being necessary.

Signed _____ **Date** _____

Any other information:

I have read, understood and agree to the terms and conditions of Sunset Owls Club and have spoken to my child about the expectations with regards to behaviour.

Name _____

Signed _____ **Date:** _____
(Parent/Carer)

Start Date:_____