



Sleepy Sparrows Registration Form

Child's Name:					Class:				
Date of Birth:					Year Group:				
Days and Time (please tick all you require):									
Monday		Tuesday		Wednesday		Thursday		Friday	
<input type="checkbox"/> until 4.30		<input type="checkbox"/> until 4.30		<input type="checkbox"/> until 4.30		<input type="checkbox"/> until 4.30		<input type="checkbox"/> until 4.30	
<input type="checkbox"/> 3.00-5.45		<input type="checkbox"/> 3.00-5.45		<input type="checkbox"/> 3.00-5.45		<input type="checkbox"/> 3.00-5.45		<input type="checkbox"/> 3.00-5.45	
Fees:									
1 st half session until – 4.30 regular days £12.00 ADHOC £14.50									
Whole session 3.00 – 5.45 regular days £20.00 ADHOC £25.00									
Home Address:									
Telephone Numbers:					Email:				
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 Sleepy Sparrow Club and have spoken to my child about the expectations with regards to behaviour.									
Name									
Signed					Date:				
(Parent/Carer)									

Start Date: