



Dawn 2 Dusk Club - Session Booking Form

Please note that sessions are not agreed until this form has been returned to you, duly signed.
Agreed sessions are detailed in box the bottom of form.

Child's Name:

Year Group:

Required From:

(Date)

Contact No:

Monday	Before School		After School	
Tuesday	Before School		After School	
Wednesday	Before School		After School	
Thursday	Before School		After School	
Friday	Before School		After School	

I enclose a completed Child Record Card

I am aware of the fees and agree to pay in line with the terms and conditions

Signed: _____ Date _____

For office use Form Received: _____ (Date)

The sessions below have been agreed with effect from:

Monday	Before School		After School	
Tuesday	Before School		After School	
Wednesday	Before School		After School	
Thursday	Before School		After School	
Friday	Before School		After School	

Signed:

Date:

Added to waiting list

Added to SCOPay



CHILD'S RECORD CARD

CHILD'S INFORMATION:

Name of child (and any other name by which child is known)

Date of birth

Gender

Male / Female

Address and telephone number

MEDICAL INFORMATION:

Important medical information. E.g. allergies

Dietary Requirements

Special Requirements



CONTACT DETAILS

Name and telephone number of Parent/Carer

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Name and contact number of person holding parental responsibility, if different from above

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In an emergency, please contact

Name:	Relationship to child:
Telephone/Mobile:	

Persons authorised to pick up child

Name:	Relationship to child:
Telephone/Mobile:	
Name:	Relationship to child:
Telephone/Mobile:	
Name:	Relationship to child:
Telephone/Mobile:	

PASSWORD:

Signed:

(Parent or Carer) Date: