

REGISTRATION FORM

Please return registration form to Club or Post to:

50 Larmans Road, Enfield, Middx. EN3 6QN

www.kidscapaferterschoolclub.vpweb.co.uk / www.facebook.com/kidscapaferterschoolclub / email:askidscapae@aol.com

Site Addresses:

Risley Ave Primary School, The Roundway, Tottenham, London N17 7AB

Raynham Primary School, Edmonton, London N18 2JQ

Contact Details: 01992 855225 / 07958 954325

### BOOKINGS & FEES

Start Date \_\_\_/\_\_\_/\_\_\_ Number of days \_\_\_

1st Child	Mon -	Tues -	Weds -	Thurs -	Fri -	£	Registration Fee
2nd Child	Mon -	Tues -	Weds -	Thurs -	Fri -	£	

2 Wks Deposit £ [ ]

Office use only

Paid in Full [ ]

Date Paid \_\_\_/\_\_\_/\_\_\_

1st Wks Fee £ [ ]

Date Paid \_\_\_/\_\_\_/\_\_\_

Outstanding Balance £

Date Paid \_\_\_/\_\_\_/\_\_\_

Total Fee £ [ ]

Select your desired days of attendance, Minimum two days booking

Osted Registered

### MEDICAL DETAILS

1st Childs Name: \_\_\_\_\_ D.O.B \_\_\_\_\_

2nd Childs Name: \_\_\_\_\_ D.O.B \_\_\_\_\_

Doctors Details: \_\_\_\_\_ Address: \_\_\_\_\_

Doctors Telephone No: \_\_\_\_\_

Please advise of any dietary requirements eg. vegetarian etc.

Some of our routine activities may involve offsite trips to parks, museums, and swimming etc. Your permission is required in order for your child(ren) to participate. I agree to my Child(ren) taking part in activities described above. YES [ ] NO [ ]

I consent to medical treatment being administered to my child(ren) by staff if required. I consent to a member of staff signing medical consent on my behalf at a medical centre or hospital if this may delay urgent treatment for my child(ren). YES [ ] NO [ ]

On Occasion we would like to display the children at play and doing activities by displays, photos, webpage and the internet. Do you agree YES [ ] NO [ ]

I agree and will adhere to the Terms and Conditions under which Kidscapae After School & Holiday Club services are offered. YES [ ] NO [ ]



Signed \_\_\_\_\_ Date \_\_\_\_\_