

**Booking Form**

Registration form for (child’s name)……………………………………………………………………………………..

Class…………………………………………………………………………………………………………………………………….

Home Address……………………………………………………………………………………………………………………..

**In case of emergency – contact names**

|  |  |
| --- | --- |
| 1st Contact | 2nd Contact |
| Tel:- | Tel:- |

**Medical & Dietary needs**

|  |  |
| --- | --- |
| Does your child have any medical problems?  Yes/No | Does your child have any special dietary need/food allergies? Yes/No |
| If yes, please give details here | If yes, please give details here |

Signed…………………………………………………………………………………..date………………………………………

P*arent/person with legal responsibility for the child*.

