



ENROLMENT FORM

I am interested in enrolling my child _____ (name)

Class _____

(if you have more than one child, please complete a form for each).

My child would like to attend on the following *days (please tick)*

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Please note: this is to give us an idea of required staffing levels for the club. It does not commit your children to attending on those days, or prevent them attending on other days should you wish.

This would be on a *(please tick)*

Regular basis _____

Occasional basis _____

**I understand that the (hourly) cost is currently £3.50 per hour
(£10.50 per full session).**

Payment is to be received ON THE DAY OF ATTENDANCE

Emergency contact number (s) 3.10 – 6.00 p.m.

_____ contact name _____

Parent/carer's name (please print) _____

Signature _____ **Date** _____

Please complete the medical form overleaf



ROCKING RIDGERS



EMERGENCY CONTACT AND MEDICAL FORM

IF YOUR CHILD SUFFERS FROM ANY ALLERGY OR OTHER COMPLAINT, OR NEEDS REGULAR MEDICINE ETC., PLEASE WRITE DETAILS BELOW. IT IS VERY IMPORTANT THAT YOU PROVIDE NUMBERS FOR EMERGENCY CONTACT AND ENSURE THAT THESE ARE UPDATED REGULARLY

Child's Name _____ Date of Birth _____
Address _____

Contact telephone number(s) between 3.10 and 6.00 p.m.:

Name _____ Number _____
(Relationship to child) _____

Name _____ Number _____
(Relationship to child) _____

Name _____ Number _____
(Relationship to child) _____

Name of Doctor _____ Telephone _____

Does your child suffer from any medical problem of which we should be aware?: (please give details):

Does your child need regular medication? (if so, please give details):

Does your child have any special dietary needs? (if so, please give details):

Is there anything else you would like to make us aware of regarding your child? (if so, please give details):

Name of parent/carer _____ signature _____
Date _____