After School Club Registration Form – Mini Olympics Year 1 June-July 2021

Child's First Name			Child's Last Name				
Address					Post Code		
Daytime Telephone		Evening Telephone					
Mobile Telephone			Child's Date of Birth			Class and Year	
(Please circle one)	Male	Female	School Attended		Rawmarsh Ashwood		
		Emergency Cor	tact Details				
Parent/Carer Name 1		Relationship to child	itaot Botano	Teleph Numbe			
Parent/Carer Name 2		Relationship to child		Teleph Numbe	one		
	Modic	al Information / B					
(This information will only be used to make the activity a positive experience for all). Please outline details of any medical conditions, disabilities OR behavioural issues that that may require additional staffing. Please include information of all allergies.							
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		Conse	ent				
•	ick as appropriate)					Yes	No
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