

BEFORE AND AFTER SCHOOL CLUB BOOKING FORM

Please return to wraparound@kingsleyschool.co.uk or to The Kingsley Prep School, Beauchamp Avenue, Leamington Spa CV32 5RD

Child's Name:

Today's Date:

Child's Date of Birth:

Age:

School: KINGSLEY

ST PETER'S

Teacher:

Class/Year:

PARENT/GUARDIAN INFORMATION

Mother's Name:

Father's Name:

Tel 1:

Tel 1:

Tel 2:

Tel 2:

Address for fees:

Main contact email address:

In the event that parents cannot be reached, who should we call in an urgent situation?

Emergency Contact Name:

Tel:

Relationship to child:

Medical information or conditions requiring consideration:

Prescribed medication:

Dietary Intolerances (and reactions):

Any other information:

Please indicate the sessions and days you would like your child to attend:

	Before School Club 7:30-8:30am	After School Club Until 5pm	After School Club Until 5:30pm	After School Club Until 6:00pm
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

Declaration: I consent to my child receiving medical treatment in an emergency if I cannot be contacted. I agree to abide by the terms and conditions of the Kingsley School Before and After School Club which I have read and understood.

Signed:

Date:

