JULES ET LIS – EASTER HOLIDAY CLUB

Tel: 07944 783 077 www.julesetlis.co.uk Email: info@julesetlis.co.uk

Registration Form – Gearies Primary School

PLEASE COMPLETE IN BLOCK CAPITALS.

PLEASE RETURN COMPLETED FORMS DIRECT TO THE CLUB MANAGER

1.Child's first name (s)/ Preferred name

2. Surname

3. Address

Postcode

4. Date of Birth

5. Please state names and contact details of who has legal contact and who has parental responsibility for your child (please specify):

Name:
Relationship to child:
Address:

Home telephone number:

Work Contact number:

Mobile contact number:

Name:
Relationship to child:
Address:
Home contact number:

Work contact number:

Mobile contact number:

6. Please state other persons whom are permitted to collect your child in an emergency:

Name:
Relationship to child:
Address:
Home Contact number:

Mobile contact number:

7. DOCTOR'S DETAILS

Child's doctors Name:
Address:

Telephone number:

8. Does your child have any known medical problems or Additional needs?

9. Does your child have any specific dietary, known allergies or major dislikes?

10. In order to ensure your child's security we require a password – this password must be given to every person whom is permitted to collect your child.

I give written permission to allow for my child to:

- **Have Emergency medical advice or treatment if necessary. I have read the parents handbook and I am happy with the procedure that would be followed;**
- **Have Photographs taken for promotional purposes, club displays and portfolios;**
- **Have Sun cream applied by a member of staff (if required);**
- **Go on walking excursions to the local parks;**
- **Have Face paints applied;**
- **Ride own bike with a protective helmet.**

(please delete as appropriate)

Prices: 9.00 a.m. – 3.30 p.m. - £22.00
8.30 a.m. – 6.00 p.m. - £24.00

10% discount applies for children attending a full week!

Please state dates and session times required

Week Comm.	MON	TUE	WED	THU	FRI
06-04-15	CLOSED				
13-04-15					

NB. Club does not run on Bank Holidays.

PLACES ARE ALLOCATED ON A FIRST COME FIRST SERVED BASIS AND WILL ONLY BE SECURED ONCE FULL PAYMENT HAS BEEN RECEIVED!

NB. Refunds will only be given in exceptional circumstances.

Payment Methods

Bacs or Voucher: Sort Code: 60-09-11……. Account No: 72068132

Please use child's full name with HCLUB as a reference

I CONFIRM THAT ALL OF THE INFORMATION ON THIS FROM IS CORRECT AND I AGREE TO ABIDE BY ALL OF THE POLICIES & PROCEDURES LAID OUT BY JULES ET LIS

Please see website for full policies and procedures.

Signed:

Print: **Date:**