



Child's name

DOB.....Class

Parent/Carer's name

Home address

Emergency contact No 1

Emergency contact No 2

People who may collect your child

Can your child walk home alone?

Is there anything we should know about your child?.....

If your child has a medical condition that requires medication please request our 'Medication Permission' form

We may take photos of children at the club for our own purposes, please tick this box if you do NOT want your child photographed

The information you provide will be held by Kidzone on a computer, which will be kept in a safe place and not accessible by the public.

The contact details you provide will only be used to send you information about Kidzone. Your personal data will not be passed on to anyone else.

Signed.....Date.....

CHILDREN MUST BE COLLECTED PROMPTLY AT END OF SESSION