Flushdyke J & I School Flying High Club

Registration Form

Name of Child		Address
Primary contact number		
Emergency contact number		
Who will be collecting your child from Flying High After School Club?		
Please give details of any condition from which your child suffers i.e. illness or allergies		
Does your child have any special dietary requirements? If yes please give details below.		

Please indicate attendance below, if irregular please tick Adhoc:-

Breakfast Club	Mon	Tue	Wed	Thurs	Fri	Adhoc
Tea Time Club	Mon	Tue	Wed	Thurs	Fri	Adhoc

Please sign and return to the School Office.

Please advise of any other details that you feel are relevant on the reverse of this form

Signed_____Parent/Carer _____Name printed

Date _____