

Holiday Club application form

Child's Name:	Date of Birth:
Address:	Telephone Number:

Contact details

Name	Address	Telephone	Relationship to child	Place of work employer
		W:		
		M:		
		H:		
		W:		
		M:		
		H:		

Medical details

Doctor's Name:	Does your child have any medical condition that will require: (please tick)
Telephone Number:	
Surgery Address:	<input type="checkbox"/> Specialist medication <input type="checkbox"/> Specialist treatment Does your child have any: <input type="checkbox"/> Known allergies <input type="checkbox"/> Other medical conditions Please provide details if you have ticked yes to any of the above boxes
Dietary requirements - Please provide details:	I give permission for my child to receive medical treatment in an emergency to the administration of any supportive drugs. Signed _____ Date _____

Is your child the subject of a court order? Yes/No
If yes please attach a copy to this application form

I give permission for my child, named above, to take part in any journeys and trips either on foot, mini bus, coach or train.

Signed _____ **Date** _____

I have received, read and agree to the Terms & Conditions of the Holiday Club as stated in the Parent information pack and Fee sheet. I confirm that the dates that are required are on the Holiday club booking form and I understand that I will be invoiced for these dates and that the payment is required in advance.

Signed _____ **Date** _____

Your child may have their photograph taken when any Busy Bees. If you would not like you child's photograph to be use in any Busy Bees literature please tick here

<small>Office use only Nursery name</small>	<small>Date of application</small>
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