

Childs name …………………………………………………………………..

Childs Date of birth ……………/……………../………………….

Any medical issues need to be made aware of if so please specify.

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Emergency contact name ………………………………………………………………………………..

Emergency contact telephone number…………………………………………………………………

Emergency contact name 2 …………………………………………………………………………………..

Emergency contact number 2 ……………………………………………………………………………..

If someone else is picking up password need to be made for the person to say upon pick up. For example a name of sport or food etc

Password ………………………………………..

Is the child **walking home** or **picked up** circle applicable answer.

Days attending **please circle days attending**; no limit on days you can attend

**Monday 25th October Tuesday 26th October Wednesday 27th October**

**Thursday 28th October Friday 29th October**

Children will be required to bring;

Appropriate clothing and footwear as weather depending sports could be indoors and outdoors.

A packed lunch

Plenty to drink throughout the day

Sun cream

A tuck shop will be held where children can purchase sweets throughout the day max spend £1

Please enclose payment with this form and send back to school reception

**£15 per day book for 4 days get the 5th day Free**

Signed …………………………………………………………….

Print name………………………………………………………

Date………………………………………………